WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 2519

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 59

Township..... Primary Registration District No. 1003 Registered No. 59

City St Louis (No. 3815 Westminster St. ..... Ward)

2. FULL NAME Catherine Wolf

(a) Residence. No..... St., 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Wolf

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About 50	—	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Thos Doyle

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) " "

14. INFORMANT Ardelia Wolf
(Address) 3815 Westminster Pl

15. FILED JAN -3 1928, 19..... Mark E. Harkroff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 1 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 28, 1928, to Jan 1 -, 1928, that I last saw h. Jan alive on Jan 1 -, 1928, and that death occurred, on the date stated above, at 6:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric hemorrhage
H & B
1186 Lt Ct Wd

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cancer of stomach

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Dr usual

(Signed) O R Bullard, M. D

1/2, 1928 (Address) 506 N. Vandeventer

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: SS Peter & Paul — DATE OF BURIAL: 1-4 1928

20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Park Ave

Ko. Bulle.
[illegible]
Jg 5767 [illegible]