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

Do not use this space.

12027

1. PLACE OF DEATH
County St. Charles
Township Dardenne
City ..... (No. ..... St. ..... Ward)

Registration District No. 760
Primary Registration District No. 6001

File No. .....
Registered No. 79

2. FULL NAME Henry Wolf

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

Length of residence in city or town where death occurred 64 yrs. ✓ mos. ✓ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 28 - 1864

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): General
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cottleville Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Wolf
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles Co. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hessel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Char. Co
(STATE OR COUNTRY) Mo.

14. INFORMANT Ben Anderson Wolf
(Address) Weldon Springs Mo.

15. FILED 3/16, 1929 J. M. Jenkins M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 - 1929

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ ..... 19..., to ..... 19...
~~that I last saw him~~ alive on March 18, 1929, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
DVM
Aged 97 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) F. E. Bredeweg Coroner, M.D.
3-18, 1929 (Address) Wentzville Mo

*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~~ Cottleville Mo. Wolfs Cem. DATE OF BURIAL 3/19 1929

20. UNDERTAKER E. A. Keithly ADDRESS O'Fallon Mo.

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.

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