

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

Do not use this space.

38494

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp St. Louis Primary Registration District No. 1003
 City St. Louis 3946 Finney St. _____ Ward _____

File No. _____
 Registered No. 10886
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3946 Finney St. 11 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5, 1892

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
37 3 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chicago
 (STATE OR COUNTRY)

10. NAME OF FATHER Harold Wolff

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

12. MAIDEN NAME OF MOTHER Ila Sakowsky

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

14. INFORMANT Mrs. Rose Wolff nee
 (Address) 3946 Finney

15. FILED _____, 19 Nov _____, 19 29
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 19 29

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun that Wounded
Chest
173 (duration) yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY) Homicide
 (duration) yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. W. Kenna
11/7 1929 (Address) Dep Corona

*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 _____ DATE OF BURIAL _____

Interred St. Emeth 11/7 19 29

20. UNDERTAKER H. B. Berger ADDRESS 4715 9th St. St. Louis

WRITE PAINLY, 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.

MARGIN RESERVED FOR BINDING

165
2
23

V. No. 2.

