

APR 30 1930

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

Do not use this space.

10138

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch

Registration District No. 123
Primary Registration District No. 348B
(No. Koch Hosp.)

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME Charles Wolf

(a) Residence. No. 1243 a S. Vandevester Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 7 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 17

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

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

10. NAME OF FATHER George Wolf

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

12. MAIDEN NAME OF MOTHER Minnie Rudenberge

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

14. INFORMANT Koch Hospital Records
(Address) Koch Mo.

15. FILED 3/27 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from August 7 1929, 19..... to March 26, 1930 that I last saw him alive on March 26, 1930, and that death occurred, on the date stated above, at 11:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) About (duration) 2 yrs. mos. ds. Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Rgy & Sputum
(Signed) Chas. S. Rosen, M. D.
3/27/30 (Address) 1602 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 Valhalla Cemetery DATE OF BURIAL 3-29-1930

20. UNDERTAKER Messhauser & Co ADDRESS 4104 Manchester

N. E.—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.

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