

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

Do not use this space.

24276

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 7003

City St. Louis, (No. ....)

Home for the Aged.

File No. ....  
Registered No. 6370.  
St. 7 Ward

**2. FULL NAME**

Mary Dolf.

(a) Residence. No. 3400 So. Grand Blvd. St., 16 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Dolf.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know, 1849.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>About 81.</u>				

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) Germany.

PARENTS	10. NAME OF FATHER <u>Frederick Scharp.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>
	12. MAIDEN NAME OF MOTHER <u>Dont Know.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know.</u>

14. INFORMANT Lester Kreide  
(Address) 3400 So. Grand Blvd.

15. FILED 1933 St. Louis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1933

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to July 11, 1933, that I last saw her alive on July 11, 1933, and that death occurred, on the date stated above, at 7257 Mitchell - Monticello m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7257 Mitchell - Monticello  
8 (duration) yrs. 7 mos. 27 ds.

CONTRIBUTORY (SECONDARY) Altered Spleen

(duration) yrs. 2 mos. 29 ds.

18. WHERE WAS DISEASE CONTRACTED 8  
IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Dr. Brown M. D.

(Address) 216 S. Grand

\*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 <u>SS. Peter &amp; Paul Cemetery</u>	DATE OF BURIAL <u>July 1, 1933</u>
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20. UNDERTAKER <u>St. Gebhard L &amp; Co.</u>	ADDRESS <u>2842 Hermæc.</u>
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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.

