

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

Do not use this space.  
 ✓ 32764  
 File No. \_\_\_\_\_  
 Registered No. **9627**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
 Township \_\_\_\_\_ Precinct Registration District No. **903**  
 City **St. Louis** (No. **Lyle Hospital**)

**2. FULL NAME**

(a) Residence, No. **1218 Baker** St. **23** Ward. **E St. Louis 219**  
 (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 **Fannie Wolf**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 15, 1881**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>49</b>	<b>10</b>	<b>28</b>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **grocer**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lwiski Russia**

13. NAME **Max Wolf**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

15. MAIDEN NAME **Dora Wolf (unk)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT **Arthur Wolf**  
 (ADDRESS) **1109 Taylor St. St. Louis**

18. BURIAL OR CREMATION OR RECOGNIZED PLACE **Interred Mt. Smith 9/14, 1931**

19. UNDERTAKER (ADDRESS) **W. H. Berger 4715 McPherson**

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar **9/14/31**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 13, 1931**

22. **NO** I HEREBY CERTIFY That I attended deceased from **10 Physician, 10, 1931**

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **8 P. m.**

The principal cause of death and related causes of importance were as follows:

**Coronary Thrombosis & Sclerosis**  
 Other contributory causes of importance: **C**

Name of operation **94B** Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy **yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (signed) **J. W. Kerner** M. D.  
 (Address) **Dep. Coroner**

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.

