

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

Do not use this space.

17726

1. PLACE OF DEATH

County..... Registration District No. 799
Township..... Primary Registration District No. 1005
City St. Louis, (No., Luthern Hospital St. Ward)

File No.
Registered No. 4679
St. Ward)

2. FULL NAME Katherine Wolf

(a) Residence, No. 2842 Clifton Ave. St. 3 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9th 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework. 2:35**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home.**
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) **St. Louis, Mo. 1**

MOTHER FATHER 13. NAME **John Meyer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 1A**

MOTHER 15. MAIDEN NAME **Elizabeth Ahe**

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

17. INFORMANT **Mrs. Florence Weibel**
(ADDRESS) **2842 Clifton Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **May 13th 1932**

19. UNDERTAKER **Hauack & Schmitt**
(ADDRESS) **3732 S. Grand Blvd.**

20. FILED **Y 13 1932** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11th 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 25** 19**32**, to **May 11** 19**32**

I last saw h. **em** alive on **May 11** 19**32** Death is said to have occurred on the date stated above, at **11:30 pm**.

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

Date of onset **May 10 1932**
Myocarditis acute
Chronic cholecystitis 1930

Name of operation **cholecystectomy** Date of **May 16 1932**
What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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 **(1)**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) **J. J. Kemmerich Jr**, M. D.
(Address) **6200 Columbia Ave**

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.

Hammer

1910

1911

9-10