

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

Do not use this space.

37469

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 2814), South Compton Avenue St. Ward (.....)

File No.
Registered No. 10140

2. FULL NAME Lucinda S. Wolf

(a) Residence, No. 2814 S. Compton Ave. st., 16 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph A. Wolf
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1878
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 7 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 235
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) Belleville 2
Illinois

FATHER
13. NAME John Ketten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Phoebe Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT Adolph A. Wolf
(ADDRESS) 2814 S. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE NOV 17 1932

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 2821 Grand St.

20. FILED NOV 16 1932 Max C. Stanley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-17 1932, to Nov 16 1932

I last saw ~~him~~ alive on 11-15 1932. Death is said

to have occurred on the date stated above, at 12.10 A. m.

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

Chc Myocarditis
Chc Paratyphoides typhosa

Date of onset
1929

Other contributory causes of importance: 1

Name of operation Date of
What test confirmed diagnosis Lab & Physical as there an autopsy? no

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? no

If so, specify
(Signed) Hubert S. Langford M. D.

(Address) 3115 S. Grand

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.

MARGIN RESERVED FOR BINDING

V.S. NO. 2.

