

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

Do not use this space.

7209

1. PLACE OF DEATH

City St. Louis
Township Carondelet
County St. Louis

Registration District No. 1123

Primary Registration District No. 5248 E
(No. 1st Saint Rose Hospital)

File No. _____

Registered No. 54
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 8649 Natural Bridge Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 22

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unoccupied

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) Germany

13. NAME Jacob Wolf

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

15. MAIDEN NAME Kate Richard

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

17. INFORMANT (ADDRESS) Charles W. Wheeler

18. BURIAL, CREMATION, OR REMOVAL PLACE Salhalla Crematory DATE Feb 15 1933

19. UNDERTAKER (ADDRESS) L. B. Tanner
767 Natural Bridge Rd

20. FILED Apr 12 1933 L. C. Rhoads Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1932 to 2-12 1933

I last saw him alive on 2-12 1933 Death is said to have occurred on the date stated above, at 69 m.

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

Pneumonia Tuberculosis Date of onset _____

Other contributory causes of importance:

Name of operation _____ 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 or deceased? _____ If so, specify _____

(Signed) Charles W. Wheeler M. D.
(Address) 2101 So Broadway

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.

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87
1933

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10
10
10

