

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

Do not use this space.

34627

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **03**
 City **St. Louis** (No. **Isolation Hospital**) St. **8786** Ward.....

2. FULL NAME

(a) Residence, No. **2909 Arsenal St.** **24** Ward..... (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred **45** yrs. mos. ds. How long in U. S., if of foreign birth? **45** 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 **Rosa Wolf**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 15, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 62 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Day Laborer**

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) **Germany**

13. NAME **August Wolf**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Rosa Wolf - 2909 Arsenal St -**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Missouri Crematory Oct. 11, 1933**

19. UNDERTAKER (ADDRESS) **Thos. Butts, 2906 Gravois ave**

20. FILED **Oct 10 1933** **J. F. Brebeck** Registrar.

17 **NO MEDICAL CERTIFICATE OF DEATH** **Physician in Attendance**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 9, 1933**

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at **1 P.** m.

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

17 **Emphysema (Epidemic)**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Sarah J. P. King** Registrar. **19/10/33** (Address) **D. J. ...**

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.

NOV 10 1933

OCCUPATION FATHER MOTHER

Date of onset

