

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

Do not use this space.

6286

1. PLACE OF DEATH

County St. Louis

Registration District No. 333

Township St. Ferdinand

Primary Registration District No. 4468

City Harold

(No. 9th + Congress)

File No.
Registered No. 9434 St. Ward)

2. FULL NAME

Carrie Wulf

(a) Residence, No. 9th + Congress St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>John Wulf</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 10 - 1849</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>10</u>	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	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)
Unknown Germany

13. NAME John Klatt

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Ray Miller
(ADDRESS) 9th + Congress

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE Feb 5 1934

19. UNDERTAKER L. B. Tanner
(ADDRESS) 6107 Natural Bridge Rd

20. FILED Feb 5 1934 9th + Congress
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1934

22. I HEREBY CERTIFY, that I attended deceased from Aug 1 - 1933 to Feb 2-3 - 1934

I last saw him alive on 2-3 - 1934 Death is said

to have occurred on the date stated above, at 6 a.m.

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

Chn. Interstitial Nephritis Date of onset 1928

Other contributory causes of importance

Chn. myocarditis 1931
Arteriosclerosis 1925

Name of operation none Date of none

What test confirmed diagnosis? clinical Was 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ray Johnson, M. D.

(Address) Ferguson

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.

