

SEP 25 1934

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

Do not use this space.

34871

1. PLACE OF DEATH

County *St. Louis*Registration District No. *1170*Township *Central*Primary Registration District No. *6248H*City *Richmond Heights - Mary's Hospital*

File No. _____

Registered No. *151*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *406 W. 4th*St. _____ Ward. *Wabasha mo.*

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Christina Schaefer</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 26th 1864</i>				
7. AGE	YEARS <i>69</i>	MONTHS <i>12</i>	DAYS <i>26</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Furniture Mfr.</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Family.</i>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <i>127</i>			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Wabasha mo</i>			
	13. NAME <i>John Wolf</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>I don't know</i>			
MOTHER	15. MAIDEN NAME <i>Briegess</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>I don't know</i>			
17. INFORMANT <i>Blanche Wolf</i> (ADDRESS) <i>406 W. 4th St. Wabasha mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Wabasha mo</i> DATE <i>Sept 8th 1934</i>				
19. UNDERTAKER <i>H. J. Sauer & Sons Co</i> (ADDRESS) <i>500 W. 2nd St. Wabasha mo.</i>				
20. FILED <i>Sept 7 1934</i> <i>Gertrude Porter</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 6th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 26*, 1934, to *Sept 6*, 1934.
I last saw him alive on *Sept 5*, 1934. Death is said to have occurred on the date stated above, at *12:15 a.m.*
The principal cause of death and related causes of importance were as follows:
Hepatic Insufficiency
Chronic Hypertension
Coronary Artery Disease
Cholecystitis

Other contributory causes of importance:
Chronic Bronchitis

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 of deceased? _____
If so, specify _____
(Signed) *Wm. H. [Signature]* M. D.
(Address) *Wabasha, Mo.*

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.

