

DEC 21 1934

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

Do not use (this space)

40572

1. PLACE OF DEATH  
 County St. Louis Registration District No. 785  
 Township Bonhomme Primary Registration District No. 6031  
 City Manchester (No. Manchester Nursing Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Calvin Wolfe  
 (a) Residence, No. 525 Deland Mo. River Ward. St. Louis Co. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. \_\_\_\_\_  
 Registered No. 247  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Gertrude Scott Wolfe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 2 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
73 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ray W. Henderson  
 (ADDRESS) St. Charles Mo. Guil. Kelly

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oak Hill DATE 11-27 1934

19. UNDERTAKER Louis H. Bopp  
 (ADDRESS) Kirkwood Mo.

20. FILED 11/26 1934 Agnes C. Kelly  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1934 to Nov. 26 1934  
 I last saw him alive on Nov 25 1934. Death is said to have occurred on the date stated above, at 6:35 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
arteriosclerosis  
senility  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) B. P. Loving, M. D.  
 (Address) Ballwin, Mo.

WHILE FILLING IN, WITH OVERTYPING INK--THIS IS A PERMANENT RECORD

100 22 79

