

JUN 5 1933

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

Do not use this space.

20739

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **Page + West Ave.**)

File No.....
Registered No. **4979**
St. Ward)

2. FULL NAME

Joseph A. Wolf
(a) Residence, No. **8954 Windsor Ave. St.** Ward. **Overland 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.

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 (OR) WIFE OF Clara Wolf		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-16-1892		
7. AGE YEARS 43	MONTHS 4	DAYS 19
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & Paper hanger		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self		
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) St. Louis Mo.
13. NAME Herman Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
15. MAIDEN NAME Elizabeth Nick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plouvent Mo
17. INFORMANT Clara Wolf (ADDRESS) 8954 Windsor Ave. Overland
18. BURIAL, CREMATION, OR REMOVAL PLACE Cahany DATE May 8 1936
19. UNDERTAKER Edith E. Ambruster (ADDRESS) 4234 Manchester Ave.
20. FILED MAY 7 - 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5, 1936**
22. **I (Physician or attendant)** HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **7:55** a.m.
The principal cause of death and related causes of importance were as follows:

Fractures of skull, lacerations of brain received when an auto driven by the deceased struck a beacon light causing deceased to be thrown from auto against a tree in St. Louis, Mo.
Other contributory causes of importance: **1946**
2107m

Name of operation **Accident** 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? **Accident** Date of injury **5/5, 1936**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **In Public Place**
Manner of injury **Auto struck beacon light**
Nature of injury **Fractures of skull**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) **J. F. Bredeck**
(Address) **St. Louis, 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.

