

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

Township.....

Primary Registration District No.....

City St. Louis, Missouri (No. City Hospital No. 1)

File No.....

35637

Registered No.....

9253

St. Ward)

B. 7035 Edward D. Wolf

(a) Residence, No. 2927 South 18th St., 24 Ward.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mathilda wolf (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 49 3 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swift & Co. Poultry Man
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 Missouri

FATHER 13. NAME Frank Wolf

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

MOTHER 15. MAIDEN NAME EMMA Fauth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Hosp. Info. M.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Sept. 7, 1936

19. UNDERTAKER Wacker & Belderle (ADDRESS) 2331 S. Broadway

20. FILED SEP 7 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/7/36, 19, to 9/4/36, 19.

I last saw him alive on 9/4/36, 19. Death is said to have occurred on the date stated above, at 5.20 p

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

Thrombocytopenic purpura
oblivious - gasp
Left leg 10/11/36

Other contributory causes of importance:
Bronchopneumonia

Name of operation Autopsy Date of Sept 10
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) [Signature], M. D.
(Address) City Hospital No. 1

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.

