JAN 29 1937

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

Do not use this space.

42383

File No.

Registered No. 217

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City Robert Ferguson (No. Town) Jewish Sanitarium St. Ward)
Registration District No. 333
Primary Registration District No. 4468

2. FULL NAME Fred Wolf
(a) Residence, No. 2038 A Alice Avenue St. Ward St. Louis
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Wolf (Hansmann)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1898

7. AGE: Years 38 | Months 6 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Employe
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) Germany

FATHER
13. NAME Benjamin Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Stella M. Wolf
(ADDRESS) 2038a Alice Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE Nov. 27, 1936

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED 11-25, 1936 W.A. Zeitler Registrar.
Per Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1936, to November 24, 1936
I last saw him alive on November 24, 1936. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:
Pulmonary Tuberculosis
Genital Tuberculosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. 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? .....
If so, specify .....
(Signed) Philip Brown, M. D.
(Address) Jewish Sanat. Robertson, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.