

**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**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Jewish Hospital**) St. Ward)

File No. **3084 89**

Registered No.

2. FULL NAME

George C. Wolff (GEORGE C. WOLFF)
 (a) Residence, No. **7355 Lindell** St. **NR** Ward. **UNIVERSITY CITY, 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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **wid**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 27, 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 **12**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **title examiner**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **2nd**

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) **Mo.**

13. NAME **Geo. W. Wolff**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Emma B. Laufer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Clarence L. Wolff**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Lucas Emty** DATE **1-5-37**

19. UNDERTAKER **Lowm 2430pp**

20. FILED **Jan 4 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-3-37**

22. I HEREBY CERTIFY, That I attended deceased from **June** 19**35** to **December 30**, 19**36**

Last saw him alive on **December 30**, 19**36**. Death is said to have occurred on the date stated above, at **8:30 A. m.**

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: **Y**

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) **J. G. Probst**, M. D.

(Address) **Pike, Beag**

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.

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6304 Westminister