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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4136

Township ..... Primary Registration District No. 1003 Registered No. 1179

City St Louis (No. Barnard Skin Cancer Inst. St. ..... Ward)

2. FULL NAME Michael Wolf

(a) Residence, No. 1202 So 7th St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1874

7. AGE YEARS 62 MONTHS 4 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. occupation 962

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER

13. NAME Chas. Wolf

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

MOTHER

15. MAIDEN NAME Bertha Will

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

17. INFORMANT (ADDRESS) Mrs Pfr King 4968 Harvey Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 1-28 1937

19. UNDERTAKER (ADDRESS) Peet Bros. 3027 Lafayette

20. FILED JAN 26 1937 19 J F Berdick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1936, to 1-25 1937

I last saw him alive on 1-25 1937 Death is said to have occurred on the date stated above, at 7 15 m.

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

Ca of stomach 3 mons ? Date of onset

Other contributory causes of importance: 46B

Name of operation Gastroenterostomy Date of 12-26-37

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? No

If so, specify .....

(Signed) Pearson C. Kellogg, M. D.

(Address) 3427 Washington