MAR 5-1937

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

Do not use this space.

File No. 8214

Registered No. 1663

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. , City Sanitarium St. Ward)

2. FULL NAME Sholem Wolf

(a) Residence, No. 1461 Biddle St. St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 Frieda Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1880

7. AGE: Years 56 | Months 2 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaunas Lithuania

FATHER

13. NAME Samuel Hyman Yantchuk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania UNK

MOTHER

15. MAIDEN NAME Bertha Esther (UNK)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania UNK

17. INFORMANT Dr. W. Moore M. D.
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beth Ham Hag DATE 2/7/37 19

19. UNDERTAKER
(ADDRESS)

20. FILED FEB 7-1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937, 19, to to Feb. 6, 1937 19
I last saw him alive on Feb. 6, 1937, 19 Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema Cardiac	2-6-37

Other contributory causes of importance:

Toxic Myocarditis	2-1-37x
Pulmonary Tuberculosis	2-1-37x

Name of operation Date of

What test confirmed diagnosis? 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) W. L. Moore, M.D. , M. D.

(Address) 5400 Arsenal St.

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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