APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No. 13651
Township — Primary Registration District No. 4470 — Registered No. 24
City University City (No. # 4 Yale Ave. St. Ward)

2. FULL NAME B arbara Wolfe
(a) Residence, No. 4 Yale Avenue St., Ward. University City, Missouri
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 28, 1936

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Jefferson Barracks, Missouri

FATHER
13. NAME Shuey E. Wolfe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Pennsylvania

MOTHER
15. MAIDEN NAME Helen Beard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon

17. INFORMANT (ADDRESS) Shuey E. Wolfe 4 Yale Ave., University City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Feb. 20 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & Livery Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED Feb. 20, 1937 Lena V. Moeller (Registrar)

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1937, to Feb. 19th, 1937
I last saw her alive on 2-19, 1937. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformations of TRACHEA (atresia), intestinal Tract (atresia), arm and feet	Birth
Other contributory causes of importance:	
Bronchopneumonia	2-12-37
Malnutrition	Birth
Intracranial birth injury ?	"

1160B

Name of operation none Date of
What test confirmed diagnosis? Clinical Exam Was there an autopsy? none

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) Wayne A Rupe, M. D.
(Address) 4932 Maryland Ave.

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.