

JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

16364
Do not use this space.

Registered No. 4225

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township St. Louis, Primary Registration District No.....
 (c) City..... (d) Street No. St. Lukes Hospital, St. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wilma Wolff 410
 (a) Residence, No. 5716 Chippewa St. 14 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm. M. Wolff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st 1909

7. AGE YEARS 30 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Centralia (STATE OR COUNTRY) Illinois

FATHER 13. NAME James Nelson Huntington

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

MOTHER 15. MAIDEN NAME Malissa Joliff

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

17. INFORMANT (ADDRESS) Wm. M. Wolff 5716 Chippewa

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Ill. DATE May 8, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ch. Reptany & Son 4449 Olive St.

20. FILED MAY - 8 1938 J. F. Bredner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 7, 1938. I last saw her alive on May 7, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Post-partum hemorrhage May 6
 Post-partum relapse May 6

Other contributory causes of importance:

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? No
 If so, specify.....
 (Signed) John W. Records, M. D.
 (Address) 5535 Delmar

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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4225

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. 2122
hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles
2 L. E.
No. 2901 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. T. Lupton
Licensed Embalmer No. 2122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)