P 17 1938 REC'D SEP 26 1938

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

30030
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS Registration District No. 784
(b) Township ST. FERDINAND Primary Registration District No. 200 Registered No. 1527
(c) City River View Gardens (d) Street No. 174 CHAMBERS Rd RIVERVIEW GARDEN 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 60 yrs. mos. ds.

2. PRINT FULL NAME ANNA WOLFF 4 9
(a) Residence, No. 174 CHAMBERS Rd St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES WOLFF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 22 1853
7. AGE YEARS 85 MONTHS 7 DAYS 25 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. HOUSE WORK
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) GERMANY 6

FATHER
13. NAME OTTO MILLER 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) EDWARD B. WOLFF 174 CHAMBERS RD
18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA CREMATION DATE SEPT. 19 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) DIEDRICH FUNERAL HOME 8319 HALLS FERRY Rd
20. FILED SEP 17 1938 19 F. R. Meyer M.D. Dep. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 17 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-18-38, 19..., to ..., 19...
I last saw her alive on 8-18-38, 19... Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac decompensation | ? |
| Cerebral apoplexy | ? |
| Hypertension | |

95 P 2

Other contributory causes of importance:
Arteriosclerosis
Senility

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) M. Bartnick, M. D.
(Address) St. Louis Co. Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Arthur P. Friedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis

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

**If this body is not embalmed, above space should be left blank.**