

JAN 13 1939

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

42015  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kan Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 72 C Genitor 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. 6 How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 5081

2. PRINT FULL NAME

(a) Residence, No. 1147 1/2 W 8th 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 m 4. COLOR OR RACE w. 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) Nov 18 1869

7. AGE YEARS 69 MONTHS 1 DAYS unk If LESS than 1 day, hrs. unk or min. unk

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as 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) mo

FATHER 13. NAME August Wolf

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

MOTHER 15. MAIDEN NAME un known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

17. INFORMANT (ADDRESS) Board Clerk

18. REMOVAL PROCEDURE OR REMOVAL PLACE St Louis Mo DATE 12-27-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John B. ...  
330 Campbell

20. FILED Dec 28 1938 M. M. Browne  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1938 to 12-25 1938

I last saw him alive on 12-25 1938. Death is said to have occurred on the date stated above, at 8:55 PM

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

Cardiac Asthma Date of onset 95B

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?  
 If so, specify

(Signed) P. J. DeMaria M. D.  
 (Address) 72 C Genitor 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.

504-1-12-38 I X14023

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.)**

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