

1939
 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.

DEC 6 APR 7 1939

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

Do not use this space.

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 782
 Township Carr-delet Primary Registration District No. 200
 City St. Louis, Mo. (No. 1) St. Rose St. St. Rose (Ward)

2. FULL NAME August Adolph Wolf
 (a) Residence, No. 4124 Potomac St. St. Rose Ward. St. Rose
 (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.

12385
 File No. 420
 Registered No. 420

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 Gertrude Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1901

7. AGE YEARS 38 MONTHS 2 DAYS 4 IF LESS than 1 day,hrs. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Missouri

MOTHER FATHER
 13. NAME August Wolf
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Rose
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT St. Rose Hospital (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram DATE Mar 10 1939
 19. UNDERTAKER Thos. H. H. H. H. (ADDRESS) 2906
 20. FILED MAR 8 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-7-, 1939, to 3-7, 1939
 I last saw him alive on 3-7, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes, of importance were as follows:
acute military Tuberculosis Date of onset Jan 1939
37 W

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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..... Questionable
 (Signed) C. E. Gerson M. D.
 (Address) 9101 S. Broadway Ave
St. Louis, Mo.

Embalsmed by J. H. Kettis
L. E. 1619
2906 Gravois Ave
St Louis mo