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AUG 12 1939

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

Dr. Semmon
25654
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 594
(c) City SPRINGFIELD (d) Street No. 1110 S. Pickwick 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 Sol R. Wolf
(a) Residence, No. 1110 Pickwick St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) July 5, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>r</u>	<u>69</u>	<u>0</u>	<u>23</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Merchant

9. Industry or business in which work was done, as saw mill, bank, etc. in Store

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) Sedalia, Mo.

FATHER

13. NAME Isaac Wolf

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

MOTHER

15. MAIDEN NAME Rebecca Rosenheim

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va.

17. INFORMANT (ADDRESS) Mrs. Maurice Hirsch
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Temple of Israel DATE July 30, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Schuyler
Springfield, Mo.

20. FILED July 30, 1939 Chas. C. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1935 to 7/28/39, 19...
I last saw him alive on 7/28/39, 19... Death is said to have occurred on the date stated above, at 9:08 A.M.
The principal cause of death and related causes of importance were as follows:
Cardio-renal disease

Date of onset 1935

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 A. B. Semmon, M. D.
(Signed) A. B. Semmon (Address) Springfield, Mo.

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.....

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.

X