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

Do not use this space.

4229

File No. 1059

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Jewish Hosp. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Sam Wolff

(a) Residence, No. 1400 n. Euclid St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

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: Dora Wolff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): (unk)

7. AGE: YEARS ab. 85 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Junk Dealer

10. Date deceased last worked at this occupation (month and year): No army Navy, No Social Security

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minsk U.S.S.R.

FATHER

13. NAME: Samuel Wolff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

MOTHER

15. MAIDEN NAME: Anna (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

17. INFORMANT (ADDRESS): Harry Wolff 1400 N. Euclid

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Chesed Shel Emeth DATE: 2/2/40 19

19. UNDERTAKER (ADDRESS): H. B. Berger 4815 McPherson

20. FILED FEB 2 1940 J. F. Bulach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1940, to Feb. 1, 1940.

I last saw him alive on Feb. 1, 1940. Death is said to have occurred on the date stated above, at 7 40 P.m.

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

	Date of onset
Generalized peritonitis	Jan 31, 1940
Etiology indeterminate	

Other contributory causes of importance:

129

Name of operation: Exploratory Laporatory Date of Feb 1, 1940

What test confirmed diagnosis? Operation 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) Sam Schneider, M. D.

(Address) 216 S. Kingshighway Blvd.

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.

no Embalmers

[illegible]

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