

SEP 25 1940 791
Registration District No.Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 12 days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Annie Wolf 4103. (b) If veteran, name war X 3. (c) Social Security No. X4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive ? years7. Birth date of deceased February 4, 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 71 6 13 hr. min.9. Birthplace Missouri (City, town, or county) (State or foreign country) 010. Usual occupation None

11. Industry or business _____

12. Name John ? 913. Birthplace ? (City, town, or county) (State or foreign country)14. Maiden name Mary ? (City, town, or county) (State or foreign country)15. Birthplace ? (City, town, or county) (State or foreign country)16. (a) Informant's own signature Rose Colvin(b) Address 5800 Arsenal Str.17. (a) BURIAL (b) Date thereof 8-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director Laullen & Kelly(b) Address 1446 N. Taylor ave.19. (a) AUG 21 1940 (b) J. P. Smith
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 13
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1940 hour 7:25 minute _____ A.M. M.21. I hereby certify that I attended the deceased from July 5, 1940
to August 17, 1940that I last saw her alive on August 17, 1940and that death occurred on the date and hour stated above. 1940Immediate cause of death arteriosclerotic heart disease Duration _____

Due to _____

Due to _____

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy as above

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature P. Maxwell (M. D. or other) _____Address 5600 ft Arsenal, St. Louis Date signed 8/29/40

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.

Myself
City License
145

Signed *Glenn E. Anderson*

Licensed Embalmer No. *414*

P. O. Address *St Louis Mo.*

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.