

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

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

3. (a) PRINT FULL NAME Kathryn Wolff **410**

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam Wolff 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Aug. 24th 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 11 28 hr. min.

9. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Cornelius Sullivan  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Denehy  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Wolff  
(b) Address 1357 Childress Ave.

17. (a) Burial (b) Date thereof 8-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 21 1940 (b) J. B. [Signature]

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1357 Childress Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years

**MEDICAL CERTIFICATION** 21st

20. DATE OF DEATH: Month Aug. day 21st  
year 1940 hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from Aug 14, 1940, to Aug 21, 1940  
that I last saw her alive on Aug 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatoid Heart Disease Duration years

Due to.....

Due to.....

Other conditions Acute Cardiac Failure  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

**PHYSICIAN**

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?  
Yes

(Specify type of place)  
While at work?..... (e) Means of injury.....

23. Signature [Signature] (M. D. [Signature])

Address 506 Mo. Bldg Date signed 8/21

Mr. A. Mc Morrow  
1715 Electric Bldg. at 2 PM.

**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 Edmund M. Lewis

Licensed Embalmer No. 3024

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.**