No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36398

State File No.

FILED NOV 25 1940

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1929

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~St. Louis~~ Rock Hgts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 min. (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1031 Fairmount
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 62 years years.

3. (a) PRINT FULL NAME CHARLES WOLF
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marguerite
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased October (Month) 11 (Day) 1869 (Year)

8. AGE: Years 71 Months — Days — If less than one day hr. min.

9. Birthplace Alsace Lorraine (City, town, or county) France (State or foreign country)
10. Usual occupation President
11. Industry or business West St. Louis Mach. & Tool Co.
FATHER
12. Name — Wolf
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Richart
15. Birthplace — (City, town, or county) France (State or foreign country)
16. (a) Informant Walter Wolf
(b) Address 1031 Fairmount Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.
19. (a) OCT 13 1940 (Date received local registrar) (b) W. R. Meyer M. D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 1940 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from 2-14, 1940 to 10-11, 1940 that I last saw him alive on 10-7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 1/2 yrs
Due to	
Due to	
Other conditions Pulmonary Edema (Include pregnancy within 3 months of death)	30 min

Major findings:
Of operations
Of autopsy Coronary occlusion (arteriosclerotic)

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B. B. Gummels (M. D. or [illegible])
Address 1020 McCausland Date signed 10-12-40

(Licensed Embalmer's Statement on Reverse Side)

BB Summers
1020 a M c Cavalend
4:30 P.M.

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 J. Wm Binkley

Licensed Embalmer No. 365

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.