

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7932

FILED MAR 2 1942

State File No. _____
Registrar's No. 425

Registration District No. _____ Primary Registration District No. 200

606
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(c) Name of hospital or institution: 7920 Wolz /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Gardenville
(If outside city or town limits, write "RURAL.")
(d) Street No. 7920 Wolz
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosa Wolz

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month February 23
year 1942 hour 4 minute 30 P. M.

4. Sex F / 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Fred Wolz 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August 4, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/6 1942 to 2/23 1942
that I last saw him alive on Feb. 23 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 6 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of breast with metastasis to lung (Hydrothorax) metastasis to spine and ribs and to right arm/shoulder
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Carcinoma with metastasis to all organs
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Klein
13. Birthplace Alsace - Lorraine
(City, town, or county) (State or foreign country)
14. Maiden name Schindler
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Wolz
(b) Address 7920 Wolz

17. (a) burial (b) Date thereof 2/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John Ziegler & Sons
(b) Address 7027 Gravois

19. (a) FEB 24 1942 (b) E. J. McFarland M.D.
(Date received local registrar) (Registrar's signature)

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 Dean H. Mowry M.D. or other)
Address 9429 Bentry Date signed 2/24/42

MAR 9 1962

NOV 24 1959

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.....

C. P. Kridner

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Gravois

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, fact should be so stated above.