

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23253

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6486

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

1. PLACE OF DEATH:

(a) County St. Louis
(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 8 weeks (Specify whether years, months or days)
In this community all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 910
(d) Street No. 3201 University St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Albert Wolff

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 8 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Retired Saleman

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Wolff

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Huegle

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Wolff

(b) Address 3201 University St.

17. (a) Burial (b) Date thereof Aug. 1 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. G. Strick

(b) Address 2117 E. Grand

19. (a) JUL 31 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1942 hour 4 minute 35 A:M.

21. I hereby certify that I attended the deceased from Jan 2 1941 to July 29 1942 that I last saw him alive on July 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno Carcinoma of Urinary Bladder

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Robert F. Hickey (M. D. _____)

Address 624 70 Grand Date signed July 30 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Dr. H. H. Hinkley
Mr. J. H. Hinkley
Jan 9 1833*

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..... *[Handwritten Signature]*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. 1st St.*

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.