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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 784

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 3598

Registrar's No. 47

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7045 Hunter Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 7045 Hunter Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Herman 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 Christina Becker Wolf

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased February (Month) 11, (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	10	25	hr. min.

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

10. Usual occupation Retired

11. Industry or business Dry Goods Store

FATHER
12. Name Matthias Wolf
13. Birthplace - - - (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Dorothea Stapenhorst
15. Birthplace - - - (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Christina Wolf
(b) Address 7045 Hunter Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home.
(b) Address 4828 Natural Bridge.

19. (a) JAN 8 - 1943 (Date received local registrar) (b) E. S. McGaman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th, year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 10-10 40, to 1-6 1942; that I last saw him alive on 1-6 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	10 da.
Due to Arterio sclerosis	10 yrs
Due to Asthma	6 yrs
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy no	

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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 Geo H Klenkerfuss (M. D. or other) M
Address 340 Bermuda Date signed 1-6-42

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Mlinar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

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, fact should be so stated above.