

1.9
S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED SEP 17 1943 318
Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. _____

30563
State File No. _____
Registrar's No. 7986

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town _____
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution 24 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3133 Pennsylvania Ave
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Francis Wolf
3. (b) If veteran, name war No
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. 6th day
year 1943 hour 8:55 minute _____ A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown about 1861

21. I hereby certify that I attended the deceased from August 14th 1943 to Sept. 6th 1943:
that I last saw him alive on Sept. 6th 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Diabetes Mellitus

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

Due to Banquet 3 left foot and leg
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Labour
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
16. (a) Informant Josephine Heun
(b) Address 2146 Cuck
17. (a) Burial (b) Date thereof 9/8/43
(c) Place: burial or cremation all off Pitts & Paul
18. (a) Signature of funeral director Wm G Meyall
(b) Address 1926 alley
19. (a) SEP 7 1943 (b) [Signature]

Major findings: Of operations _____
Of autopsy None
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence _____
(c) Where did injury occur? _____
(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 William S. Davis (M. D. or other) _____
Address 1515 Lafayette Date signed 9/7/43

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 me
..... Registered Apprentice No.
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave

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.