

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31511

State File No.

Registrar's No. 18

FILED OCT 7 1943

Primary Registration District No. 4193

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community All her life
years, months or days)

3. (a) PRINT FULL NAME ANNIE WOLF

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Louis Wolf 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased Nov 8 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 10 If less than one day
hr. min.

9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Unkown 9
13. Birthplace Unkown (City, town, or county) (State or foreign country)
14. Maiden name Unkown
15. Birthplace Unkown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wesley Schultz
(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 9/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cem.

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) Sept. 21, 43 (b) a. H. Sudler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 037
(c) City or town Hermann (If outside city or town limits, write "RURAL.")
(d) Street No. Market St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 18
year 1943 hour 11:00 minute 9 M.

21. I hereby certify that I attended the deceased from Sept 18 1943, to Sept 18 1943
that I last saw her alive on Sept 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Heart Disease

Due to Chronic arthritis

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 Howard H. Korman (M. D. or other)
Address Hermann Mo Date, signed 9-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No. 3160

P. O. Address. Hermann, 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.