DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16884

Registrar's No. 4987

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

1. PLACE OF DEATH:

(a) County

(b) City or town: Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4254 Delor Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: 17

(c) City or town: Saint Louis, 9 15
(If outside city or town limits, write "RURAL")

(d) Street No.: 4254 Delor Street.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Catherine F. Wolfe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of husband or wife: Gerald Wolfe

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: June (Month) 15th, (Day) 1896 (Year)

8. AGE: Years 48 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation: House-Wife

11. Industry or business

FATHER
12. Name: Louis F. Stahl
13. Birthplace: Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Kennedy
15. Birthplace: Unknown (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant: Gerald Wolfe.

(b) Address: 4254 Delor Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 31-1944. (Month) (Day) (Year)

(c) Place: burial or cremation: S.S.Peter & Paul Cem.

18. (a) Signature of funeral director: Ziegenheim Bros.

(b) Address: 6408 Gravois Ave.

19. (a) MAY 31 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th, year 1944. hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-4-44, 19..., to 5-26, 19 44, that I last saw h. alive on 5-26, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of cervix uteri

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: 1 yr

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) no

(b) Date of occurrence

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? (e) Means of injury

23. Signature: W. H. Burrough (M. D. or other)

Address: 4755 Mryland Date signed: 5/27/44

(Licensed Embalmer's Statement on Reverse Side)

4987

4987

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 Howard D. Rowland

Licensed Embalmer No. 3114

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.