S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 92 13

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

29970

State File No.

Registrar's No. 8497

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6018 Etzel Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George M. Wolff.

3. (b) If veteran, name war No

3. (c) Social Security No. 489-01-0888.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Wolff

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 12, 1886.
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Night Wathman

11. Industry or business

FATHER
12. Name William S. Wolff
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Carter
15. Birthplace St. Louis Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Wolff

(b) Address 6018 Etzel Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4/44. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) OCT 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1944 hour 3.05 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept 15th, 1944, to Oct 4th, 1944 that I last saw him alive on Oct. 4th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Rectum; Markedly, advanced,	Notice Apr. 1944
Due to	
Due to	
Other conditions: Chronic myocardial changes (Include pregnancy within 3 months of death)	
Major findings: Carcinoma Rectum (advanced)	
Of operations	
Of autopsy No.	

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 J. C. Landree (M. D. ~~or other~~)

Address 437 Univ. Club Bldg. St. Louis Mo. (3) Date signed 10-5 1944

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.C.Landree
University Club Bldg.,
JE. 6123.
2--5 P.M.

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 Jno. W. Clark.

Licensed Embalmer No. 1661.

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.