

FILED OCT 23 1944 318

Primary Registration District No. 1003

Registrar's No. 8752

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

OCT 21 '44

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:
3201 University Str.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Anna M. Wolff
 3. (b) If veteran, name war..... None
 3. (c) Social Security No..... None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan. 1. 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>12</u>	hr. min.

9. Birthplace..... St. Louis, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation..... At Home
 11. Industry or business.....

12. Name..... Joseph Wolff
 13. Birthplace..... France
(City, town, or county) (State or foreign country)
 14. Maiden name..... Bertha Huegle
 15. Birthplace..... France
(City, town, or county) (State or foreign country)

16. (a) Informant..... William J. Wolff
 (b) Address..... 3201 University Str.
 17. (a) Burial (b) Date thereof 10/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director.....
 (b) Address..... 2117 E. Grand Blvd.
 19. (a) OCT 15 1944 (b) J. P. Bradick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 3201 University Str.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 13
 year 1944 hour 4 minute 30 P. M.
 21. I hereby certify that I attended the deceased from
 1944 to Oct 13 1944
 that I last saw her alive on Oct 12 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis with Arterio-Sclerosis
 Due to.....
 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:
 (c) Accident, suicide, or homicide (specify)..... TCO
 (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..... J. P. Bradick (M. D. or other).....
 Address..... 4901 E. Easton Rd. 13 Date signed..... 10/14/44

Map 17 109

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

A. F. Henke
4901 Easton

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.