

FILED JAN 31 1945

318

1003

Registration District No. _____

Primary Registration District No. _____

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:
5603 Washington Court
(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 Edwin S. Wolff

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 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: Sept. 25 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 22 hr. min.

9. Birthplace Marion, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Clothing

12. Name Abraham Wolff

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Hecht

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Wolff

(b) Address 5603 Washington Court

17. (a) Burial (b) Date thereof 1-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindick

(b) Address 5216 Delmar Blvd.

19. (a) JAN 18 1945 (b) J. F. Bredeck
(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. 5603 Washington Court
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1945 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from Dec 25, 1944, to Jan 17, 1945;
that I last saw him alive on Jan 17 - 1945, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage massive Duration 3 hrs

Due to Arterio sclerosis with hypertension 3 years

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 Walter Fickel (M. D. or other) _____
Address 3720 Washington Date signed 1-18-45

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

MOTHER FATHER

d.w.

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.....

J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address.....

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.