

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 25 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **1118**

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **419**

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:
4250 Linton Ave /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL") **10/7**
 (d) Street No. **4222 Linton Ave**
 (If rural, give location) **9**
 (e) Citizen of foreign country? _____ (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **Mary C. Wolff**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **13**,
 year **1946** hour **11:30** A.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from **April 12**
1941, to **Jan 13**, 19**46**
 that I last saw her alive on **Jan 6**, 19**46**
 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife **John A. Wolff** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **December 19, 1871**
 (Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis**

Duration _____

8. AGE:

Years	Months	Days	If less than one day
74	0	25	hr. _____ min. _____

Due to _____ **61**

Due to _____

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

10. Usual occupation **At home**

Other conditions **Diabetes Mellitus**
 (Include pregnancy within 3 months of death)

11. Industry or business

12. Name **Herman Tiemann**

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

14. Maiden name **Louise Mueller**

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

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **John A. Wolff**

(b) Address **4222 Linton Ave**

17. (a) **Burial** (b) Date thereof **1/16/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

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? _____

18. (a) Signature of funeral director **Math Hermann & Son**
 (b) Address **2161 East Fair Ave**

19. (a) **JAN 14 1946** **J. F. Bredeck**
 (Date received from registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury **0**

23. Signature **Alvin A. Kelly** (M. D. or other) **MD**
 Address **3901 W. Flourissant** Date signed **1/14/46**
WILD

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

3299

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 Gustavo W Dietrich
Licensed Embalmer No. 4329
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.