

FILED FEB 20 1946
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **1354**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **712 Marion St.**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **27-17**
(If outside city or town limits, write "RURAL")
(d) Street No. **712 Marion St.**
(If rural, give location) **7**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John W. Wolff**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **491-16-4648**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Emma** 6. (c) Age of husband or wife if alive **--** years **1870**

7. Birth date of deceased **Dec. 23** (Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **14** If less than one day **22** hr. min.

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

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Unknown Wolff**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Charles Wolff**

(b) Address **2013a Menard**

17. (a) **Burial** (b) Date thereof **2/11/46** (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation **Belleville, Ill.**

18. (a) Signature of funeral director **Wacker-Heldule**

(b) Address **3634 Gravois Ave.**

19. (a) **FEB 9 1946** (Date received local registrar) **J. F. Bredesch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7** year **1946** hour **6** minute **40** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Coronary Sclerosis**

Due to **Atherosclerosis**

Other conditions **None** (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:

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **John E. Dugan** (M.D. or other) **2**

Address **Dayton** Date signed **2/9/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

021

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.....

Licensed Embalmer No. *2675*

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.