

1947

No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

11831

STANDARD CERTIFICATE OF DEATH

State File No.

2512

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 S. Grand 9/6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

ANNA WOLF

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex ♀

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased Apr 14 1868
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

78

11

00

hr. min.

9. Birthplace

Hungary

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER

FATHER

12. Name Mathew Horn

13. Birthplace Hungary

14. Maiden name not known

15. Birthplace not known

16. (a) Informant Mary Sheeting

(b) Address 4678 9th St

17. (a) Burial

(b) Date thereof 2/16/46

(c) Place: burial or cremation

18. (a) Signature of funeral director John J. Ziegler

(b) Address 7027 Lafayette Ave

19. (a) WAR-15 1946

(b) J. F. Brudean
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1946 hour 3:20 minute P M.

21. I hereby certify that I attended the deceased from 1/8/46
to 3/14/46

that I last saw her alive on 3/14/46
and that death occurred on the date and hour stated above.

Immediate cause of death gangrene of back + right leg

Due to Diabetes mellitus

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 61

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

23. Signature J. D. Sheeting (M. D. or other)

Address 1585 Lafayette Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

107743

STATEMENT BY LICENSED EMBALMER

Emb. cert. filed separately.

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.....

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.