

No. 2
-12-45
5-17-39
I X47070

FILED NOV 7 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9141

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:
St. Lukes Hospital
(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 JOHN M. WOLFF.

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

3. (c) Social Security No. 491-16-5539

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edith M. F. Wolff.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased August 13, 1867.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79.</u>	<u>2.</u>	<u>11.</u>	hr. _____ min. _____

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

10. Usual occupation Printer.

11. Industry or business Wolff Printing Co.,

MOTHER FATHER

12. Name George M. Wolff.

13. Birthplace Martinsburg, W. Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Trask.

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

16. (a) Informant Jack M. Wolff, Jr.,

(b) Address 1310 S. Spring Ave.,

17. (a) Cremation. (b) Date thereof 10/26/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) OCT 25 1946 (Date received local registrar)

J. F. Predeck (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. 4907 West Pine Bly'd.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1946 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from Oct 17 1946 to Oct 24 1946
that I last saw alive on Oct 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma of left kidney

Atherosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? no

While at work? no (Specify type of place) _____
(e) Means of injury _____

23. Signature Chas. H. Rudman (M. D. or other) MD.
Address 3720 Washington Date signed 10/25/46

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

Dr. Chas. E. Hyattman
3720 Beaufort
JE 6111
1 to 3 P.M.

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 Clarence H. Murray
Licensed Embalmer No. 404
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.