

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 3591

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: Jewish Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....8 weeks
34 yrs. (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Mo. (b) County.....St. Louis
(c) City or town.....St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 E. Grand
(If rural, give location)
(e) Citizen of foreign country?.....NO. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Frieda Wolf

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex.....Female 5. Color or race.....White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... (Month) (Day) (Year)
(unk)

8. AGE: Years Months Days If less than one day
ab65br.min.

9. Birthplace.....Kounas Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation.....at home

11. Industry or business.....

12. Name.....Paul Mabusch

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

14. Maiden name.....Sarah (unk)

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

16. (a) Informant.....Morris Wolf

(b) Address.....1388a Blackstone

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof.....4/15/48
(Month) (Day) (Year)

(c) Place: burial or cremation.....Beth Ham Hag.

18. (a) Signature of funeral director.....Berger Memorial

(b) Address.....4715 McPherson

19. (a) APR 15 1948 (Date received local registrar) (b) J. F. Brundick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....April day.....13
year.....1948 hour.....5 minute.....55 P.M.

21. I hereby certify that I attended the deceased from.....Feb 16 1948, to.....April 13 1948
that I last saw her..... alive on.....April 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion?

Due to.....

Due to.....

Other conditions.....Axillary Fibrillation
(Include pregnancy within 3 months of death)
Right Hemiplegia

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... Means of injury.....

23. Signature.....Alvin G. Galt (M. D. or other)

Address.....216 S. Kings Highway Date signed.....Apr 14, 48

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

MOTHER FATHER

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 Lewis R. Ludwig

Licensed Embalmer No. 4229

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.