

FILED DEC 8 1948

Registration District No. **318**

Primary Registration District No. **1005**

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

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: City Hosp. #1
(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 Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2218 Cherokee St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis J. Wolf

3. (b) If veteran, name war no.

3. (c) Social Security No. 486-16-9372

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1948 hour 9 minut 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife single

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

7. Birth date of deceased August 11 1869
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Decline of Brain
fracture of both legs while running across the street and
was struck by a Automobile
driven by one Christopher
Sharpshin at the intersection of
Brooklyn and Michigan around 11:00
AM on Oct. 20 1948

Duration _____

Of how long _____
(Include pregnancy within 3 months of death)

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

<u>79</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____
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9. Birthplace Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation Plumber

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Louis Wolf

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

14. Maiden name Elizabeth Hofer

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

16. (a) Informant Joseph Wolf

(b) Address 28133 Lerch Av.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter + Paul Cem.

18. (a) Signature of funeral director Witt Bro. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) NOV 26 1948 (Date received local registrar)

(b) J B Larater (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 20 1948

(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Also Drive (Specify type of place)

While at work? _____ (a) Means of injury Automobile

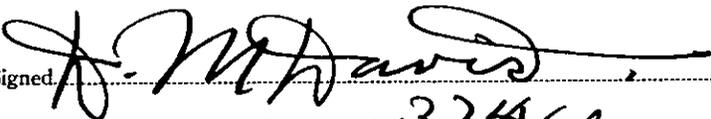
23. Signature Edwin E. Hughes (M. D. or other) _____
Address _____ signed 11/25/48

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. 374

P. O. Address 2929 Jefferson

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.