

No. 300
10.48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3423
948

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY *St. Louis*

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.

d. STREET ADDRESS (If rural, give location) 5578 Pershing

3. NAME OF DECEASED
a. (First) Sally b. (Middle) Wolff c. (Last) f

4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 49

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH Unk - About

9. AGE (In years last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Merchant

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Unk

13b. MOTHER'S MAIDEN NAME Unk.

14. NAME OF HUSBAND OR WIFE Frieda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. Marx 5578 Pershing

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *acute Hepatitis - cause unknown*
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ?
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
5821 / 125

INTERVAL BETWEEN ONSET AND DEATH
3 wk

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *1/16*, 19*49*, to *1/31*, 19*49*, that I last saw the deceased alive on *1/31*, 19*49*, and that death occurred at *5⁰⁰ am.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *J. B. Sasser*

23b. ADDRESS *462 N. Taylor Ave*

23c. DATE SIGNED *1/31/49*

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE *2/1/49*

24c. NAME OF CEMETERY OR CREMATORY *Brith Shalom*

24d. LOCATION (City, town, or county) (State) *Union City, Mo*

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE *JAN 31 1949*

REGISTRAR'S SIGNATURE *J. B. Sasser*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Berger Memorial 4715 McPherson*

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

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed *Paul J. Andring*

Signed
Student Embalmer

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.