

FILED MAR 5 1949  
3-5-49

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5204

State File No. ....

562

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )		c. LENGTH OF STAY (In this place) <u>21 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 6 49</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6434 E 12th St., Terr</u>				d. STREET ADDRESS (If rural, give location) <u>6434 E 12th St., Terr.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Wolf</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 6 49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4/14/1866</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR <u>9</u> Months <u>12</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>American Radr. Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Earnest Wolf</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Detrich</u>		14. NAME OF HUSBAND OR WIFE <u>Hilda Smith Wolf</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hilda Wolf 6434 E 12th Terr.,</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) <u>Age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 1, 1949</u> , to <u>Feb 6, 1949</u> , that I last saw the deceased alive on <u>Feb 6, 1949</u> , and that death occurred at <u>8:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arthur L. Pickertell</u> (Degree or title) <u>D.D. L.</u>				23b. ADDRESS <u>5959 East 12th</u>		23c. DATE SIGNED <u>Feb 7-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-7-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shell</u>		ADDRESS	

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.....

*John P. Shick*

Licensed Embalmer No. 3625

P. O. Address K C Mo

Signed.....  
Student Embalmer

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.

*Peckered - 5-9-59 E 13.*