

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20054**

BIRTH NO.		REG. DIST. NO. 162	PRIMARY REG. DIST. NO. 5595	Registrar's No. 40
1. PLACE OF DEATH a. COUNTY Jefferson Co.		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arnold, Mo. Rock		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arnold		
d. FULL NAME OF HOSPITAL OR INSTITUTION RR #1		d. STREET ADDRESS (If rural, give location) RR #1		
3. NAME OF DECEASED (Type or Print) a. (First) Edwin		b. (Middle) J.		c. (Last) Wolff
4. DATE OF DEATH (Month) (Day) (Year) 6/8/49				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 3, 1879	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Keokuk, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary M.	
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 Harold Barrett--RR #1, Arnold, Mo.	
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) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 years 10 years 443x
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)
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 June, 1947 , to June 7, 1949 , that I last saw the deceased alive on June 7, 1949 , and that death occurred at 11:45 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Walter W. Davis, M.D.		23b. ADDRESS 539 N Grand		23c. DATE SIGNED 6/9/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/11/49	24c. NAME OF CEMETERY OR CREMATORY. Mt. Lebanon Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
DATE REC'D BY LOCAL REG. June 9-49		REGISTRAR'S SIGNATURE Phil J. Clark	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Weldale	ADDRESS 3634 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Date Filed JUN 15 1949
District File Number
District Health Officer No. 9,
RECEIVED

MAR 8 1950
JUL 18 1949

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.

Student
Student Embalmer

Signed Delia J. Kripin

Licensed Embalmer No. 3497

P. O. Address 3634 Graves

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.