

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22203

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1361			
1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 0-0-0					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural		c. LENGTH OF STAY (In this place) 4		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17 1/2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Rest Home				d. STREET ADDRESS (If rural, give location) 4170 Sacramento.					
3. NAME OF DECEASED (Type or Print) MINNIE WOLF			a. (First) MINNIE b. (Middle) WOLF c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JUNE 4, 1949			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 21, 1863			
9. AGE (In years last birthday) 85 yrs		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI 0			
12. CITIZEN OF WHAT COUNTRY? U.S.S.			13a. FATHER'S NAME William Beitze		13b. MOTHER'S MAIDEN NAME Kate Horack		14. NAME OF HUSBAND OR WIFE Julius Wolf-deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecelia PfyL-4170 Sacramento			ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Arteriosclerotic Cardio-vascular disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Senile Dementia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 17 days 52 yrs 2 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min) (Sec)		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 April 8, 1949, to June 4, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 3:10 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Lewis Littmann (Degree or title)				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 6/6/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-7-1949		24c. NAME OF CEMETERY OR CREMATORY Int. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. 6-6-49		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fun. Directors, 2849 N. Euclid		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

96  
00

DR. LEWIS LITTMAN

8231 Clayton Rd.

PA. 0202

3:00 to 5:00 pm Mon

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed.....

Licensed Embalmer No. 26445

P. O. Address Dr. Lewis Littman

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.