

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25427

State File No. 6680

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		7		
d. FULL NAME OF HOSPITAL OR INSTITUTION. Alexian Bros. Hosp.				d. STREET ADDRESS (If rural, give location) 6316 Alabama Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph E. Wolff			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 14, 1898	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Clerk		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Andrew Wolff		13b. MOTHER'S MAIDEN NAME Eliz. Jehling		14. NAME OF HUSBAND OR WIFE Dora Wolff 6316 Alabama				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-01-3896		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dora Wolff 6316 Alabama				
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) Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac failure					INTERVAL BETWEEN ONSET AND DEATH 4 years 1 month	
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) 99				
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? 4500				
22. I hereby certify that I attended the deceased from June 10, 1949 to Aug 1, 1949 that I last saw the deceased alive on July, 1931 , and that death occurred at 3 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE B. J. Mc Guire (Degree or title) _____				23b. ADDRESS 16 Hampton Valley Plaza		23c. DATE SIGNED 8/1/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 4, 49		24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem.		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		
DATE REC'D BY LOCAL REG. AUG 1		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.		

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

mail

*Dr. Mc Dennis
16 Hampton Village Plaza
Aur 3561
Ilz 6050
1 to 4³⁰*

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.....
Student Embalmer

Signed *David Van Fossan*
Licensed Embalmer No. *4242*
P. O. Address *6322 So Grand*

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.