S. No. 300
. 10.48

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6829

State File No. 1003

BIRTH NO. 11568-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 1043

0

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 37 University City 4376
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital	d. STREET ADDRESS (If rural, give location) 8111 Balson

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) c. (Last) WOLFSON

4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1951

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0

8. DATE OF BIRTH Jan. 23, 1951

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 7 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert L. Wolfson

13b. MOTHER'S MAIDEN NAME Suzanne Feld

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. L. Wolfson-8111 Balson

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) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH 3 das.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible] Volvulus

DUE TO (c) congenital defect in mesentery

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION 1/30/51

19b. MAJOR FINDINGS OF OPERATION as above (1. a, b, c)

20. AUTOPSY? YES [X] NO [ ]

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) m.

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

21f. HOW DID INJURY OCCUR? 570.3

22. *I hereby certify that I attended the deceased from* Jan 25, 1951, *to* Jan 29, 1951, *that I last saw the deceased alive on* Jan 29, 1951, *and that death occurred at* 2 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE Max Deutsch DEUTSCH (Degree or title) Med.

23b. ADDRESS 634 N. Grand

23c. DATE SIGNED 2/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0

24b. DATE 2/1/51

24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. FEB 2 1951

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Hermann Rudolph Inc. ADDRESS 5216 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3880

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.