

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4645

State File No. _____

FILED JAN 22 1953

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 7

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Washington</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Breton</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Wash.</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. W. Potosi</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Breton</u>	
d. STREET ADDRESS <u>3 mi. W. Potosi</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>CHARLES</u>	c. (Last) <u>WOLF</u>	(Month) <u>January</u>	(Day) <u>12</u>	(Year) <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 17, 1880</u>	9. AGE (In years; last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>25</u> Days _____ Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil-Mining Engr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bellville, Illinois</u>	
13a. FATHER'S NAME <u>Andrew Wolf</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Baetze</u>		14. NAME OF HUSBAND OR WIFE <u>Cornelia Wolf</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Howard Wolf, Potosi, Missouri</u>		ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with Respiratory Paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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>Potosi, Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1/11, 1953 to 1/12, 1953, that I last saw the deceased alive on 1/10, 1953 and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Russell</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>Potosi, Missouri</u>	23c. DATE SIGNED <u>1/13/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 14 - '53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN MOUND</u>	24d. LOCATION (City, town, or county) (State) <u>Bellville</u> <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>1/13/53</u>	REGISTRAR'S SIGNATURE <u>Herbert Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith-Higginbotham</u>	
ADDRESS <u>Potosi, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

P. 300
P. 48

JUN 6 1956

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

Mary M. Smith

Licensed Embalmer No. *4394*

P. O. Address *Potosi - Mo*

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.