

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22392

State File No. ....

FILED JUL 13 1953

BIRTH NO. ....		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>STE Genevieve</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>In Route To Hospital</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. MARYS, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>ST. MARYS, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Co. Memo. Hospital</u>				3. NAME OF DECEASED a. (First) <u>ANNA</u> b. (Middle) <u>Josephine</u> c. (Last) <u>WOLF</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2-18-1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		9. AGE (In years last birthday) <u>66</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>Abel THOMURE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BLANFORD</u>		14. NAME OF HUSBAND OR WIFE <u>John A. Wolf</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Erwin Wolf - St. Marys Mo</u>			
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) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary athero</u> DUE TO (c) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
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)	
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 <u>July 5<sup>th</sup> 1951</u> , to <u>June 25, 1953</u> , that I last saw the deceased alive on <u>25 June, 1953</u> , and that death occurred at <u>12:45 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph F. Lutkewitz M.D.</u> (Degree or title)				23b. ADDRESS <u>ST Marys, Mo</u>		23c. DATE SIGNED <u>27 June 53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARYS CATHOLIC</u>		24d. LOCATION (City, town, or county) (State) <u>ST. MARYS MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-29-53</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo C. Baker</u>		ADDRESS <u>St. Genevieve, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 14 1958

FEB 15 1958

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.....  
Student Embalmer

Signed *Adrian J. Eller*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Genevieve*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.