

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33701

State File No.
Registrar's No. 7874

FILED OCT 1 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		e. STREET ADDRESS (If rural, give location) 7550 Delmar Blvd.	
3. NAME OF DECEASED (Type or Print) ERNA (WOLFF) MAY		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 11 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1891
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob S. Wolff		13b. MOTHER'S MAIDEN NAME Minnie Victor	
14. NAME OF HUSBAND OR WIFE Dr. Benj. F. May			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Dr. Benj. F. May-7550 Delmar Blvd.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 8 mo	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Carcinoma of Sigmoid		DUE TO (c) Colon	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 1945		19b. MAJOR FINDINGS OF OPERATION Ca Sigmoid Colon	
20. AUTOPSY? YES <input checked="" 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) 153 X			
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 March 1945, to August 1953, that I last saw the deceased alive on August 11, 1953, and that death occurred at 4 2 m., from the causes and on the date stated above.			
23a. SIGNATURE Harold Schiff, M.D.		23b. ADDRESS 457 N. Kingshighway	
23c. DATE SIGNED 8/11/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/13/53	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 12 1953 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar Blvd.	

(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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Peter B. Duboullé

Licensed Embalmer No. *269*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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