

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 9 - 1953

State File No. 34353

8628

BIRTH NO. _____		REG. DIST., NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chesterfield #749</u>		c. LENGTH OF STAY (In this place) <u>3-weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Kehrs Mill Rd. R#1 Box 253</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u>				3. NAME OF DECEASED a. (First) <u>Martha</u>				b. (Middle) <u>Helena</u>		c. (Last) <u>Wolf</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sent. 3, 1953</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>Dec. 28, 1885</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours		IF UNDER 15 MIN. Min.	
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>Home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>August Arnold</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Ernest H. 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. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Ernest H. Wolf</u>				ADDRESS <u>Chesterfield, Mo. R#1 Box 253</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix - Uterus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION <u>None</u>				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) <u>171X</u>									
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>June 2, 1952</u> to <u>Sept 4, 1953</u> , that I last saw the deceased alive on <u>Sept 4, 1953</u> and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>Dis. J. Hill</u>						(Degree or title)						23b. ADDRESS <u>16 Hampton Village Pkwy</u>				23c. DATE SIGNED <u>9-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>9-5-1953</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>				24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>SEP 4 1953</u>				REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumington Bros.</u>				ADDRESS <u>2504 Woodson Rd. Overland-11-Mo.</u>					

(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
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland, Mo.

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.