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REG #115279

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44834

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3504

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS
c. LENGTH OF STAY (In this place): 21 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 6547 FYLER

2039

3. NAME OF DECEASED (Type or Print): a. (First) SAM b. (Middle) c. (Last) WOLFF
4. DATE OF DEATH (Month) (Day) (Year): 12-22-53
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-5-99
9. AGE (In years last birthday): 54 | If under 1 year: Months: | Days: | If under 24 hrs.: Hours: | Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCKER
10b. KIND OF BUSINESS OR INDUSTRY: AMER. STOVE CO.
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: JACOB WOLFF
13b. MOTHER'S MAIDEN NAME: IDA SWARTZ
14. NAME OF HUSBAND OR WIFE: EVELYN WOLFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 499017289
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia due to Staph. Aureus; Multiple abscesses; Pericarditis; Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Skin Ulcers, multiple — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
1. Diabetes Mellitus — 10 yrs plus
2. Ulcerative colitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 715 X
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): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1-53, 19___, *to* 12-22-53, 19___, ~~XXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXX~~, *and that death occurred at* 10:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. A. ALLEN, MD (Degree or title)
23b. ADDRESS: VAH JEFF BRKS, MO.
23c. DATE SIGNED: 12-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/27/53
24c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 12/24/53
REGISTRAR'S SIGNATURE: Herbert Bodenkopf MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Herman Rindskopf, Inc., 5216 Delmar Bl
(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Kettles

Licensed Embalmer No. 38

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.