

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44355
Registrar's No. 2884

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 300

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pacific</u>	
c. LENGTH OF STAY (In this place) <u>13 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>216 E. Osage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>WOLF</u> c. (Last) <u>WOLF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1954</u>
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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>July 15, 1868</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	11. UNDER 1 MRS. Hours <u>-</u> Mins. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumberyard</u>	11. BIRTHPLACE (State or foreign country) <u>Pacific, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Wolf</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Siebert</u>	14. NAME OF HUSBAND, OR WIFE <u>Elizabeth Wolf</u>
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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>unknown</u>	17. INFORMANT'S SIGNATURE, OR NAME, ADDRESS <u>Mrs. H.M. York, St. Louis, Mo.</u>
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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, asthma, 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>Auricular fibrillation</u>		<u>2-3</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Disease</u>		<u>4+ years</u>
	DUE TO (c) <u>Arteriosclerosis</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy</u>			<u>3 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500 cc.</u>		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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 6, 1954, to Dec 12, 1954, that I last saw the deceased alive on Dec 12, 1954, and that death occurred at 12:07 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. S. Puffer, D.O.</u>	23b. ADDRESS <u>Pacific, Mo.</u>	23c. DATE SIGNED <u>12/13/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cemetery, Pacific, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/15/54</u>	REGISTRAR'S SIGNATURE <u>Heather B. Lambke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. Schenck</u>	ADDRESS <u>Pacific, Mo.</u>
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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 Jno. L. Thibea

Licensed Embalmer No. 309.8

P. O. Address Pacific, M.

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.