

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1955

State File No. 24597

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6594

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5308 Lansdowne Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen E.</b> b. (Middle) <b>E.</b> c. (Last) <b>Wolff</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 30 55</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 20, 1899</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John E. Godfrey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Silk</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles J. Wolff</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles J. Wolff</b>		ADDRESS <b>5308 Lansdowne</b>	
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) <b>Basillary Transitional Cell Carcinoma of the Left kidney - metastatic</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>12-12-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Left nephrectomy - Ca of kidney</b>	
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)			
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 <b>1-22, 1955</b> , to <b>7-30, 1955</b> , that I last saw the deceased alive on <b>7-29, 1955</b> , and that death occurred at <b>5:30 AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Tom Huggins, M.D.</b>		23b. ADDRESS <b>734 No. Theater Bldg.</b>	
23c. DATE SIGNED <b>7-30-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Aug. 1, 1955</b>		24b. NAME OF CEMETERY OR CREMATORY <b>Galvary</b>	
24c. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 1 1955</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser Mortuary 4228 S. Kings Highway</b>	

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

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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..... *William B. White* .....

Licensed Embalmer No. *422*

P. O. Address *422 B. King*

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