

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3447

State File No. ....

FILED FEB 7 1956

BIRTH NO. ....		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>4468</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST MARYS</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>ST MARYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY'S MO</u>				f. STREET ADDRESS (If rural, give location) <u>ST MARY'S MO</u> <span style="float: right;">0950</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>ANDREW</u>		c. (Last) <u>WOLF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 1 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 18 1886</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		IF UNDER 15 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAVERN</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST MARYS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>ANDREW WOLF</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ROUKETTE</u>			14. NAME OF HUSBAND OR WIFE <u>ANNA THOMAS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Erwin Wolf Lt. Marys Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Chronic cardiac Failure</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)					
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?					
22. I hereby certify that I attended the deceased from <u>Sept</u> , 1956, to <u>Feb 1</u> , 1956, that I last saw the deceased alive on <u>Jan 31</u> , 1956, and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph L. Luttrell MD</u>				23b. ADDRESS <u>ST. Marys Mo.</u>		23c. DATE SIGNED <u>Feb 2 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>FEB 3 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u>		24d. LOCATION (City, town, or county) (State) <u>ST MARYS MO</u>			
DATE REC'D BY LOCAL REG. <u>2/2/56</u>		REGISTRAR'S SIGNATURE <u>Keith Baer</u> <u>481</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Les C. Baer St. Genevieve Mo</u>					

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

0950

FEB 17 1956

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 *Adrian J. Heller*.....  
Licensed Embalmer No. *4740*  
P. O. Address *St. Geneva*

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.