

FILED JUN 14 1956

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|---|--|--|--|--|--|--|---|
| BIRTH NO. _____   |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | State File No. <b>18913</b>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Ste Genevieve</b> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>  |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY OR TOWN <b>St. Marys</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Johns Hospital</b>  |  |  |  | e. STREET ADDRESS (If rural, give location) <b>450</b>   |  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Joseph</b><br>b. (Middle) <b>Ervin</b><br>c. (Last) <b>Wolf</b>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>June 1 1956</b> |  |  |  |   |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>July 25 1909</b>   |   |
| 9. AGE (In years last birthday) <b>46</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Mary's Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME <b>John A. Wolf</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Anna Thomure</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Helen Cole Wolf</b>   |  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>Nil</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Helen Cole Wolf, St. Marys Mo.</b>  |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infarction Myocardium</b><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>Infarction Myocardium - Old</b><br>DUE TO (c) <b>Arteriosclerotic Cardio Vasculare Disease</b> |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>72 hours</b><br><b>20 months</b><br><b>Unknown</b> |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <b>420-1</b>  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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>Sept 1, 1955</b> , to <b>June 1, 1956</b> , that I last saw the deceased alive on <b>June 1, 1956</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above. |  |  |  |  |  |  |   |
| 23a. SIGNATURE <b>John F. McClann MD</b> (Degree or title)  |  |  |  | 23b. ADDRESS <b>16 Hampton Village Place St. Louis 2, Mo</b>   |  | 23c. DATE SIGNED <b>1 June 56</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  | 24b. DATE <b>6-2-56</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>St. Marys, Missouri.</b>  |   |
| DATE REC'D BY LOCAL REG. <b>JUN 4 1956</b>  |  | REGISTRAR'S SIGNATURE <b>Albert H. Hoppe MD</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington Blvd</b> ADDRESS  |  |  |   |

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

No. 300  
10.48

**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 *Stanley H. Aiso*

Licensed Embalmer No. *411*

P. O. Address *St. L.*

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.