

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007902

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 529

FILED MAR 2 1959

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>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Kirkwood</u> <u>4683</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>612 Cleveland Ave.</u>	
Length of stay in 1b <u>12 hours</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>PETER</u> Middle _____ Last <u>WOLF</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>25</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 24, 1959</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours <u>12</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Kirkwood, Mo.</u>	
13a. FATHER'S NAME <u>John Wolf</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Multack</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>John Wolf, 612 Cleveland Ave., Kirkwood, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Immaturity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-15-59 to 2-24-59</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Immature delivery (labor)</u>	
	DUE TO (c) <u>Partial Placenta Previa</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7615</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>5:45am 2-25-59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John J. Duggan Jr. M.D.</u>		22b. ADDRESS <u>333 S. Woodward St.</u>	
		22c. DATE SIGNED <u>2-25-59</u>	

23a. BURIAL, CREMATION, OR REBURIAL (Specify) <u>Burial</u>		23b. DATE <u>2/26/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
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24. FUNERAL DIRECTOR <u>Louis H. Hoff, Inc. Kirkwood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-25-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Wesley J. Myland Jr*
Licensed Embalmer No. *4512*
P. O. Address *Richwood, Mo*

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.