

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031025

FILED VS-SEP 8 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2328 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights	Length of stay in 1b 7 yrs.	c. CITY OR TOWN Saint Charles	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 610 So. Second.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Christine Middle P. Last Wolf			4. DATE OF DEATH Month August Day 28 Year 1959			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 5, 1866	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months 8 Days 25	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and state or country) Saint Paul, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Frank Scherer	13b. MOTHER'S MAIDEN NAME ? Arens	14. NAME OF HUSBAND OR WIFE John F. Wolf
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Sr. Veronica, S.S.M., Richmond Hts, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 53 min
IMMEDIATE CAUSE (a) Acute heart failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease; cardiovascular disease; diabetes mellitus. Senility.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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
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21. I attended the deceased from Jan. 11, 1934 to Aug. 28, 1959 and last saw her alive on Aug. 22, 1959 Death occurred at 3:53 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Regent or title) <i>James R. Adams</i>	22b. ADDRESS Missouri Theatre Bldg.	22c. DATE SIGNED 8-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 29, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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24. FUNERAL DIRECTOR ADDRESS H.C. Dallmeyer & Sons, St. Charles, Mo.	25. DATE RECD. BY LOCAL REG. 8-29-59	26. REGISTRAR'S SIGNATURE <i>John B. Mumfley</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 20 1935

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Donald

Licensed Embalmer No. 783

P. O. Address St. Charles

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.