URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

-60-029092

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2022

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland — Length of stay in 1b 3 Mons.	c. CITY OR TOWN Overland — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Good Shepherd Home — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2822 Pasteur Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: George	Middle:	Last: Wolf	4. DATE OF DEATH	Month: July Day: 3 Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 3-2-1882	9. AGE (last birthday): 78	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer	10b. KIND OF BUSINESS OR INDUSTRY: Jefferson Hotel	11. BIRTHPLACE (City and state or country): Germany	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: George Wolf	13b. MOTHER'S MAIDEN NAME: Mary Dick	14. NAME OF HUSBAND OR WIFE: Agnes Wolf			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 487-40-1682	17. INFORMANT: Agnes Wolf	Address: 2822 Pasteur Ave.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cancer of esophagus — INTERVAL BETWEEN ONSET AND DEATH 6 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 decessed from 4-1-60 to present and last saw her/him alive on 7-7-60

Death occurred at 7-3-60 11:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin Roseland M.D.	22b. ADDRESS: 100 N. Ended	22c. DATE SIGNED: 7-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7-6-1960	23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): Pagedale, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Bellmann Bros. Inc. 2504-Woodson Rd-Overland-14-Mo.	25. DATE RECD. BY LOCAL REG.: 7-5-60	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.