

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047028
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11836**

FILED JAN 5 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **7-wks.**

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Incarnate Word Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **3515a Hartford St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Olga Marie Wolf **Dec. 18, 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11/28/90** 9. AGE (last birthday) **71** 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) **housekeeping** 10b. KIND OF BUSINESS OR INDUSTRY **at home** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Richard R. George** 13b. MOTHER'S MAIDEN NAME **Marie** 14. NAME OF HUSBAND OR WIFE **Thiemo Wolf**

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 **Thiema Baumann-3457 Potomac St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **My records** INTERVAL BETWEEN ONSET AND DEATH **2 years**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **4222**
DUE TO (c) **Pulmonary Embolism** **2 mo**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Calculus - Decubitus** 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 Month, Day, Year a.m. p.m.

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 deceased from **Oct 20 - 61** to **Dec 18 - 61** and last saw her/him alive on **12 - 15 - 61**
Death occurred at **1 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) **Ernest Dahms M.D.** 22b. ADDRESS **1155 Subgrand** 22c. DATE SIGNED **12.20.61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Dec. 19, 1961** 23c. NAME OF CEMETERY OR CREMATORY **S.S. Peter & Paul Ceme. St. Louis, Missouri** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS **WACKER-HEIDERLE-3634 Gravois Ave. 12-19-1961** 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE PREPARED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

Clarence Hacker

Licensed Embalmer No. _____

P.O. Address 3634 Francis

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.