

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039495

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 98

FILED NOV 7 1963

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermann		c. CITY OR TOWN Hermann	
Length of stay in 1b 40 yrs		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 East 6th Street		d. STREET ADDRESS (If outside, give location) 110 East 6th St	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH THEODOR WOLF		4. DATE OF DEATH Month Day Year 10 29 1963	
5. SEX Male	6. COLOR OR RACE Cau.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6/18/1903
9. AGE (last birthday) 60		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	
11. BIRTHPLACE (City and state or country) New Haven, Mo		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME William Wolf		13b. MOTHER'S MAIDEN NAME Mary Sunderdick	
14. NAME OF HUSBAND OR WIFE Pearl Hesse 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. 488-05-5082		17. INFORMANT Mrs. Pearl Wolf	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Interference with entrance of air into lungs DUE TO (b) Mental Disarrangement DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 20 Minutes	
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.) In auto in closed garage, tightly sealed	
20c. TIME OF INJURY Hour 6:30 p.m. 10-29-'63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home Gargae		
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20f. CITY, TOWN, OR LOCATION Hermann	COUNTY Gasconade	STATE Mo
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at About 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Coroner		22b. ADDRESS Hermann, Mo	22c. DATE SIGNED 10/30/63
23a. BURIAL CREMATION REMOVAL (Specify) Burial	23b. DATE 11/1/63	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	23d. LOCATION (City, town, or county) (State) Hermann Mo
24. FUNERAL DIRECTOR Herman Blumer, Inc		25. DATE RECD. BY LOCAL REG. 10-30-63	26. REGISTRAR'S SIGNATURE Delma Uffelman

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 12 1963

MAR 23 1964

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 Oswald L. Groun

Licensed Embalmer No. 5187

P. O. Address Hermann, 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.