

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF BIRTH - 1937

County.....

Registration District No.

Township.....

Primary Registration District No.

City **ST. LOUIS, MO.,**

(No. **3963**)

SHAW BLVD.,

1003

File No.

Registered No.

St.

Ward)

2. FULL NAME **MAY WOLFE**

(a) Residence, No. **3963 SHAW BLVD.,**
(Usual place of abode)

St., **17** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROBERT K. WOLFE				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 9, 1872				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. of min.
	64	7	5	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS, MO**
(STATE OR COUNTRY) **MO.**

13. NAME **MICHAEL FERRICK**
14. BIRTHPLACE (CITY OR TOWN) **IRELAND**
(STATE OR COUNTRY)

15. MAIDEN NAME **MARY MCCOY**
16. BIRTHPLACE (CITY OR TOWN) **IRELAND**
(STATE OR COUNTRY)

17. INFORMANT **Robert K. Wolfe**
(ADDRESS) **3963 Shaw**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **MEMORIAL PARK CEM.** DATE **JUNE 17, 1937**

19. UNDERTAKER **PEETZ BROS.**
(ADDRESS) **3028 LAFAYETTE BLVD.**

20. FILED **JUN 15 1937**
P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 14, 1937**

22. I HEREBY CERTIFY That I attended deceased from **Aug 6, 1931, to June 14, 1937**

I last saw her alive on **June 14, 1937**. Death is said to have occurred on the date stated above, at **6:00 P.M.**

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis
Hypertension
Chronic Myocarditis
Date of onset **4 yrs**
2 yrs
1 yr

Other contributory causes of importance:

Name of operation **None** Date of

What test confirmed diagnosis **Chinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **M. B. Eidmann**, M. D.

(Address) **3146 Morganford**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

