

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

Do not use this space.

3408

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. ***4 Arundel Place**)

File No.

Registered No. **1038**

St.

Ward)

2. FULL NAME

William Edward Woerheide

(a) Residence. No. **4 Arundel Place** St., **4** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

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

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Caroline nee Grabbe

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 16-1854

7. AGE

73

YEARS

6

MONTHS

10

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

District Assessor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

John Henry Woerheide

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Anna Marie Laaker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

Dr. Theodor Gersbach 1045 Farm out ave

15.

FILED

28 1928

Max B. Starckoff

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 26th 1928

17.

I HEREBY CERTIFY That I attended deceased from

1/23

1928, to **1/26**, 19**28**

that I last saw him/her/alive on **1/25**, 19**28**, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary R. Return

46D

46E

CONTRIBUTORY (SECONDARY)

45 (duration) **8** yrs. **1** mos. **0** da.

Coronary R. Return

(duration) **8** yrs. **0** mos. **0** da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

No DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

Physicist

(Signed) **Dr. Theodor Gersbach** M. D.

1/28, 19**28** (Address) **2844 Bond**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary Cem

DATE OF BURIAL

1-27-1928

20. UNDERTAKER

Witt Bros. L. & Co. 2929 So. Jefferson

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.

TEMPERATURE RECORD

