MAY 28 1930

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

Do not use this space.

13936

1. PLACE OF DEATH

County St Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 C — Registered No. 110

City (No. 915 Watchel Ave St. Ward)

2. FULL NAME Karl Woelfer

(a) Residence. No. 915 Watchel Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Woelfer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	—	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Fred Woelfer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Clara Woelfer
(Address) 915 Watchel

15. FILED April 2, 1930 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch. 15, 1930, to Apr. 2, 1930 that I last saw him alive on Apr. 1, 1930, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
137 " Bronchitis
93C
106B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prostatic Hypertrophy (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH St. Louis County

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 20-1930 (Feb. 10-1930)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? For Hyp. Prostatitis Operative clinical

(Signed) L. C. Obrock, M. D.

4/2, 1930 (Address) 779 Le May Rd.

*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	DATE OF BURIAL
Mt Hope Cemetery	Apr 4 1930
20. UNDERTAKER	**ADDRESS**
Fendler Hud Co	7819 Michigan

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.