

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

Do not use this space.

18272

1. PLACE OF DEATH

County Missouri
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. De Paul Hospital)

File No. _____
Registered No. 5252
St. _____ Ward _____

2. FULL NAME

Joseph Woltering
(a) Residence, No. 4911 Hooke ave. St. 9 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>2</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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)

13. NAME John Woltering

14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Marie Driller

16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

17. INFORMANT John Woltering
(ADDRESS) 4911 Hooke

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 1 1932

19. UNDERTAKER John A. Genteman
(ADDRESS) 5077 Lurmont ave.
CITY St. Louis 1932

20. FILED May 6 Starkloff
Register

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16 1932 to May 31 1932
I last saw him alive on May 31 1932 Death is said to have occurred on the date stated above, at 6 P. m.

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

79 A
Septic meningitis
157 D
Other contributory causes of importance:
157 B
Congenital Afective
Spina Bifida
meningo myelocel

Name of operation _____ Date of _____
What test confirmed diagnosis? lumbar spinal fluid 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) Affecting M. D.
(Address) 2745 N. Grand St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact

