

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

Do not use this space.

42420

File No.
Registered No. **11561**

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City **St. Louis** (No. **1219a Tyler St** St. Ward)

2. FULL NAME Johanna Woehler

(a) Residence, No. **1219a Tyler St** St., **26** 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 * Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Honest Woehler		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1853		
7. AGE YEARS 79	MONTHS 3	DAYS 13
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
	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) **Germany** (STATE OR COUNTRY) **10**

FATHER 13. NAME **Fred Vasel**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Unknown**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Fred C Woehler** (ADDRESS) **1219 Tyler St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cem** DATE **Dec 27 1932**

19. UNDERTAKER **Biederwieder Funeral Home** (ADDRESS) **1936 St Louis Ave**

20. FILED **DEC 27 1932** **May C. Wacker** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 24 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1**, 1932, to **Dec 24**, 1932
I last saw h **e** alive on **Dec 24**, 1932. Death is said to have occurred on the date stated above, at **6:30 P.m.**
The principal cause of death and related causes of importance were as follows:

121
97
98 *anyone might say due to Astoria Johnson* **12/15/32**
Date of onset **1/1/32**
Other contributory causes of importance:
Chronic nephritis

Name of operation **137** Date of
What test confirmed diagnosis? **renal biopsy** 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 **10**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) **H. William Herschel**, M. D.
(Address) **3502 N Grand**

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

AUG 27 1945