

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

Do not use this space.

7707

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 707
City..... St. Louis, Missouri (No. 2850 , Shenandoah)

File No.....
Registered No. 1669
St. Ward)

2. FULL NAME Herman H. Woestendiek

(a) Residence, No. 2850 Shenandoah St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR, ~~MARRIED~~) Sophie Olfe Woestendiek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>9</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Wagonmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagon Manufacturers

10. Date deceased last worked at this occupation (month and year)..... 1912 11. Total time (years) spent in this occupation..... 60 yrs.

12. BIRTHPLACE (CITY OR TOWN) Borgholzhausen,
(STATE OR COUNTRY) Germany

13. NAME Karl Woestendiek

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Rev. M. Schaefer
(ADDRESS) 2850 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE February 18, 1933

19. UNDERTAKER Griderwieder Funeral Home Inc
(ADDRESS) 1036 St. Louis

20. FILED FEB 17 1933 Max C. Stankov
19 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16, 1933

22. I HEREBY CERTIFY, that I attended deceased from December 5, 1931 to February 16, 1933
I last saw him alive on February 16, 1933. Death is said to have occurred on the date stated above, at 5 A.M.

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

Arterio Sclerosis
S.A.
77 J 2 @

Date of onset

Other contributory causes of importance:

Cerebral hemorrhage 11.16.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Chas. B. Weinsberg, M. D.
(Address) 3232 Lafayette

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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