

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(Name of Hospital) *Katharine Hospital*

File No. *25179*
Registered No. *6603*
St. Ward)

2. FULL NAME

(a) Residence, No. *R.F.D. 110 Box 91* St. *24* Ward. *Jefferson Bk, Mo.*
(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Louis H.</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>October 24, 1873</i>		
7. AGE	YEARS <i>59</i>	MONTHS <i>8</i>
	DAYS <i>4</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</i>	
	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) (STATE OR COUNTRY) <i>Madison, Mo.</i>		
FATHER	13. NAME <i>Henry Wohlshlaeger</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Co., Mo.</i>	
MOTHER	15. MAIDEN NAME <i>Mary Wilde</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>	
17. INFORMANT (ADDRESS) <i>Louis H. Johannes R.F.D. 11 Box 91 Jefferson Bk. Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Old St. Louis Hospital No. 7/31 1933</i>		
19. UNDERTAKER (ADDRESS) <i>C. Hoffmeister 11-2 Co. 7817 So Broadway</i>		
20. FILED <i>31</i> 1933 19 <i>J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 4*, 19*29*, to *July 28*, 19*33*

I last saw h. *is* alive on *July 27*, 19*33*. Death is said to have occurred on the date stated above, at *7:04* m.

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

Cholelithiasis
Empyema of Gall Bladder
1259A
1259
59

Other contributory causes of importance:
Diabetes Mellitus
Obstruction of common Bile duct

Date of onset *1929*
July 15
1933

1930
July 15
1933

Name of operation *Cholecystectomy* Date of *July 27-33*

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) *J. Bredeck*, M. D.
(Address) *Sappington Mo*

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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