

MAR 4 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10518

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City *St. Louis* (No. *City*) *St. Louis* St. Ward

File No.....
Registered No. **2121**
St. Ward

2. FULL NAME

(a) Residence, No. *34 2nd St. 77 19th St.* 26. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *50 yrs. 5 mos. 19 ds.* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 13, 1884*

7. AGE YEARS *50* MONTHS *5* DAYS *19* If LESS than 1 day,hrs. ormin.

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

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) *St. Louis Missouri*

FATHER 13. NAME *Joseph Woelker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cincinnati Ohio*

MOTHER 15. MAIDEN NAME *Elate Bauerning*

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

17. INFORMANT *Samuel M. Kepp* (ADDRESS) *City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Mar 5 1935*

19. UNDERTAKER *Wredman & Sons* (ADDRESS) *3934 N. 29th St*

20. FILED **MAR - 4 1935** *J. H. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/2* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *2/11* 19*35*, to *3/2* 19*35*

I last saw him alive on *3/2* 19*35*. Death is said to have occurred on the date stated above, at *11 a.m.*

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

Ventral Hernia Date of onset

Ch. Myocarditis

Other contributory causes of importance

Ch. Appendicitis

Name of operation *Ch. Appendicitis* Date of *3/4/35*

What test confirmed diagnosis? Was there an autopsy? *3/10*

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? If so, specify

(Signed) *J. J. Jones* M. D.

(Address) *City St. Louis*

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.

Suedmeyer