

220 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3732**, **Maffitt Ave.**) St. **11** Ward **11205**

2. FULL NAME **John W. Wollenberg**

(a) Residence, No. **3732 Maffitt Ave.**, St. **11** 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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 23 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Lumberman**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **40 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **John Wollenberg**

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

15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know.**

17. INFORMANT **Leo Wollenberg**
(ADDRESS) **3732 Maffitt Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Nov. 12/36**

19. UNDERTAKER **Central Burial Co.**
(ADDRESS) **1841 Eggs Ave.**

20. FILED **NOV 11 1936** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 9/36** . 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 7**, 19**36**, to **Nov. 9**, 19**36**

I last saw him alive on **Nov. 8**, 19**36**. Death is said to have occurred on the date stated above, at **2:27 P.M.**

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

*Hypostatic Pneumonia
lobar
Diabetes
5 1/2
Arteriosclerosis (generalized)*

Other contributory causes of importance:
Arteriosclerosis (generalized)

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) **John A. Hartwig**, M. D.

(Address) **2743 N. Grand Blvd.**

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.

Dr. John A. Hartwig.
Lindell Trust Bldg.
2743 N. Grand Blvd.

Fr. 3508
Res. Co. 5013

Hrs. 12:00 to 1:00 P.M.
4: 00 to 5:30 P.M.
7: 00 to 8:P.M.