

JAN 10 1938

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

43329
Do not use this space.

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Registered No. 11579

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No. 1042B
(c) City St. Louis, Mo. (d) Street No. 2916 Montgomery St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Woesenger

(a) Residence, No. 2916 Montgomery St. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Woesenger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12- 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 9 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired, Baker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 26 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

13. NAME Anton Woesenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

15. MAIDEN NAME Mary Mueller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

17. INFORMANT Theresa Woesenger
(ADDRESS) 2916 Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk. DATE 12-18-37

19. FUNERAL DIRECTOR H. Leidner and Co.
(ADDRESS) 1417 N. Market St.

20. FILE DEC 17 1937 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-37 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 to Dec 16, 1937
I last saw him alive on Dec 15, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with aortic atherosclerosis
Chronic Prostatic trouble
Senile Dementia
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) C. P. Drake M. D.
(Address) 2206 Howard St.

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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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Al. H. Siedler

Licensed Embalmer No. 2256

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)