

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

8670
 Do not use this space.

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Lutheran Hospital** 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 **Dorothea Wolter** **436**
 (a) Residence, No. **2907 A. St. Vincent Ave** St. **[7]** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 13 1852**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	85	10	21	

OCCUPATION
 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. **At Home**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** **10**
 13. NAME **Unknown** **9**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** **9**

MOTHER
 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Adolph Wolter**
 (ADDRESS) **2907 A. St. Vincent Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park Cemetery March 7 1938**

19. FUNERAL DIRECTOR **Petz brothers**
 (ADDRESS) **3029 Lafayette Ave**

20. FILED **MAR 7 1938** **J. P. Bredsch**
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 4 1938**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 21**, 1938, to **March 4**, 1938
 I last saw her alive on **Mar 4**, 1938. Death is said to have occurred on the date stated above, at **9: P. M.**
 The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency
Senile Debility
 Date of onset **9/3**

Other contributory causes of importance:
Arterio-sclerosis
Anemia

Name of operation **X** Date of **P**
 What test confirmed diagnosis? **X** Was there an autopsy? **U**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **X** Date of injury **X**, 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 **X**
 Nature of injury **X**

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify
 (Signed) **Victor P. Kopsky**, M. D.
 (Address) **3805 501 Broadway**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3803 A. Howard Academy

STATEMENT BY LICENSED EMBALMER

I, Frank J. Brown Licensed Embalmer No. 2245

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Brown

Licensed Embalmer No. 2245

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.)