

REC'D DEC 12 1938

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

37583

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
(b) Township 1 Primary Registration District No. **1003** Registered No. **9910**
(c) City **St. Louis** (d) Street No. **307 Duchouquette St.** 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

453 William Wohlwend
(a) Residence, No. **307 Duchouquette St.** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as 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) Schellengerg 7
(STATE OR COUNTRY) Leichtenstein

FATHER 13. NAME Gottlieb Wohlwend
14. BIRTHPLACE (CITY OR TOWN) Schellenberg 7
(STATE OR COUNTRY) Leichtenstein

MOTHER 15. MAIDEN NAME Katherina Hausler
16. BIRTHPLACE (CITY OR TOWN) Schellenberg 7
(STATE OR COUNTRY) Leichtenstein

17. INFORMANT Paul Wohlwend
(ADDRESS) 307 Duchouquette St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cm. DATE 11/18/38 19

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co.
(ADDRESS) 412 Duchouquette St.

20. FILED **NOV 16 1938**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1938, to Nov. 15, 1938

I last saw him alive on Nov. 15, 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Chronic Myocarditis
Senile Debility
Date of onset

Other contributory causes of importance:

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) **C. S. Resapel** M. D.
(Address) **905 Morrison Ave.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3722

P. O. Address 412 Duchongville

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.)

If this body is not embalmed, above space should be left blank.