

RECEIVED JAN 11 1938

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

791
1008

41052
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis (d) Street No. 5320 Terry Ave. Registered No. 10744
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

460 Cora Woehler
 (a) Residence, No. 5320 Terry Ave. St. 6
 (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 Female 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 Wife of Fred Woehler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) (STATE OR COUNTRY) Osage County Missouri

FATHER 13. NAME Unknown Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mr. Fred Woehler
 (ADDRESS) 5320 Terry Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Dec. 15 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons
 (ADDRESS) 134 N. 20th St.

20. FILED DEC 13 1938 _____ 1938
J. P. Beck (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12th 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1938, to Dec 12th 1938.
 I last saw her alive on Dec 12th 1938. Death is said

to have occurred on the date stated above, at 9:15 P.M.

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

Valvular disease of the heart

Other contributory causes of importance: Pulmonary edema 12-10-38

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? Yes

If so, specify _____

(Signed) T. J. Wilson, M. D.

(Address) 4362 Marne Ave

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Geo F Schubert

Licensed Embalmer No. 2212

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

My self

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Geo F Schubert

Licensed Embalmer No. 2212

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.)