

Registration District No. 1003 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3818 Marine ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 yrs. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Elsie Woelm
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adolph F. Woelm 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 4 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 7 23 hr. min.

9. Birthplace St. Louis, Mo Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Louisa Schuchmann 6
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)
14. Maiden name Lenchen Showalter
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adolph F. Woelm
(b) Address 3818 Marine ave.

17. (a) Burial (b) Date thereof Dec. 20, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director C. Hoffmeister & Co
(b) Address 7814 S. Broadway

19. (a) DEC 29 1939 (b) J. B. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis 27
(If outside city or town limits, write "RURAL")
(d) Street No. 3818 Marine ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 27
year 1939 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from May 16, 1939, to Dec 17, 1939;
that I last saw her alive on Dec 16, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma metastasis omentum
Duration 8 months

Due to _____
Due to _____

Other conditions if in
(Include pregnancy within 3 months of death)

Major findings: Exploratory
Of operations Gastric Carcinoma
Of autopsy Omentum none
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature W. Saepfurner (M. D. or other)
Address 3758 Lafayette Date signed 12.29.39

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.

6-12 a m
6-9 p m.

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 Harry J Schumacher
Licensed Embalmer No. 2679
P.O. Address 732 Kamae

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.