

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1908

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm: 9-2-40
(Specify whether
In this community --
years, months or days)

3. (a) PRINT FULL NAME Frederick WOLTMANN
3. (b) If veteran, name war World
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 13, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>24</u>	hr. min.

9. Birthplace Nepper Missouri
(City, town, or country) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Practice of medicine

MOTHER FATHER
12. Name Luder Woltmann
13. Birthplace Provice Hanover, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Mary Garsey
15. Birthplace Wheeling, West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. R. Hughes
(b) Address VAF Jefferson Barracks, Mo.

17. (a) Removal (b) Date thereof 10/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kampsville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) OCT - 8 1940 (b) T. R. Mays, M.D. R.G. 24
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County -
(c) City or town Kampsville
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location)
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1940 hour 5:50 PM minute - M.

21. I hereby certify that I attended the deceased from September 2, 1940 to October 7, 1940.

that I last saw him alive on October 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Melanosar-comata of the liver secondary to melanomomarcoma of left eye. Duration about 20 mo.

Due to 53

Due to 53

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Left eye removed at Alton, Illinois in January, 1939.
Of autopsy See cause of death
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 Chief of Med. Officer
28. Signature C.W. HUGHES, MD. (M. D. or other) 10-7-40
Address VAF Jefferson Bks., Mo. Date signed

WHITE PRINT—USE UNFADING BLACK INK—MAKE 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.

FEB 19 1942

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 Guy W. Wilkinson
Licensed Embalmer No. 3575

P. O. Address.....

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.