

FILED JAN 24 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

9970

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2512 N. Taylor 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2512 N. Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1941 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from Dec 15
15, 1941 to Dec 15, 1941
that I last saw her alive on Dec 15
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Duration Sudden
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Meta Woelfer
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gustave Woelfer
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Mar. 27 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 19 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business.....
MOTHER FATHER { 12. Name Carl Mansus
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Ziegelmeyer
(b) Address 2512 N. Taylor Ave.
17. (a) Burial (b) Date thereof 12-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.
18. (a) Signature of funeral director Drehmann-Harrel
(b) Address 1905 Union Blvd.
DEC 16 1941
19. (a) (Date received local registrar) (b) J. F. Bedeck
(Registrar's signature)

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.....
(Specify type of place)
While at work..... (e) Means of injury.....
23. Signature Harry H. Meyer (M. D. or other).....
Address 4903 Delmar Date signed 12/16/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received from [unclear]
Bill 12 Dickson

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..... *Warren G. Caswe*
Licensed Embalmer No..... *3534*
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, fact should be so stated above.