

**FILED MAR 24 1942**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2008**

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: **City Hospital #1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Since Feb. 12-42**  
(Specify whether years, months or days)

In this community **Unknown**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4656 Shirley Pl.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Herbert F. Wohler**

3. (b) If veteran, name war **None**

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 **Estella H. Wohler nee Mullin**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **April 26, 1888**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>53</b>	<b>10</b>	<b>4</b>	hr. _____ min.

9. Birthplace **Nashville, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal dealer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Frederick Wohler**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Sieling**

15. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Estella H. Wohler**

(b) Address **4656 Shirley Pl.**

17. (a) **Burial** (b) Date thereof **3/5/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **MAP** (b) **J. A. Prudeck**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2**, year **1942** hour **11:58 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of Skull, subdural hemorrhage of brain, when he fell to the sidewalk in front of 4709 Natural Bridge about 1:10 P.M. on February 12, 1942. ACCIDENT.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **ACCIDENT**

(b) Date of occurrence **2-2-1942**

(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **public place**  
(Specify type of place)

While at work \_\_\_\_\_ (c) Means of injury **3**

23. Signature **Alfred J. Tracy** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **3/31/42**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

**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.**