V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23668

Registration District No. FILED JUL 24 1943 318

Primary Registration District No. 1003

Registrar's No. 6386

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1802 Allen 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 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 7

(a) State Missouri (b) County

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

(d) Street No. 1802 Allen Ave. (If rural, give location) 23

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

If yes, name country 0

3. (a) PRINT FULL NAME John M. Woelfle

3. (b) If veteran, name war No

3. (c) Social Security No. 495-01-0162

4. Sex Male

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta Woelfle

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Unknown (Month) about (Day) 1865 (Year)

8. AGE: Years About 77 Months Unknown Days If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Watchman

11. Industry or business Print Shop

FATHER
12. Name Martin Woelfle.
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Augusta Woelfle

(b) Address 1802 Allen Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Jim C. Mogdell

(b) Address 1926 Allen Ave.

19. (a) JUL 14 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July. day 13 year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from April 9, 1943, to July 6, 1943; that I last saw him alive on July 6, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cirrhosis of Liver

Due to Chronic Endocarditis

Due to Chronic Parenchymatous Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Henry E. Pieper P.L.E. (M. D. or other)

Address 4126 S. Grand Blvd Date signed 7/13/43

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm C. Morgell

Licensed Embalmer No. 1467

P. O. Address 1926 allen ave

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.