S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40766

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10985

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town 1811 Sidney 23
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Minnie F. Woessner

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 Married

6. (b) Name of husband or wife Charles Woessner

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

7. Birth date of deceased September 13, 1888 (Month) (Day) (Year)

8. AGE: 55 Years 2 Months 27 Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Bailey
13. Birthplace Clarksville (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Alice Bagwell
15. Birthplace Clarksville, Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Woessner
(b) Address 1811 Sidney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc
(b) Address 1936 St. Louis Avenue

19. (a) DEC 13 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1943 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 12-10-43 to 12-10-43, 19 ; that I last saw him alive on 12-10-43, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Air Embolism Hepatitis

Major findings:
Of operations Vaccine
Of autopsy

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

23. Signature [illegible] (M. D. or other)
Address 3625 S. [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank J. Smith

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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.....

Licensed Embalmer No.....3737

P. O. Address.....936 St. Louis

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.