

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21445

JUL 11 1945

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1705

1. PLACE OF DEATH St. Louis

(a) County _____

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

(c) Name of hospital or institution:
Union Rd. and Will 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 Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. Route 14 Affton, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry A. Wohlschlaeger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1945 hour 8 minute 30 A. M.

4. Sex Male

5. Color of hair White

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

6. (b) Name of husband or wife Alma

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 13 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 29 1945 to June 30 1945
that I last saw him alive on June 29 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 10 Days 17 If less than one day
hr. _____ min. _____

Immediate cause of death Cerebral Apoplexy

Duration About 12 hrs

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

Due to _____

Due to 830

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name Henry Wohlschlaeger

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Wohlschlaeger

(b) Address Union Rd. Affton, Mo.

17. (a) Burial (b) Date thereof July 3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Johns Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) JUL 7 1945 (b) E. G. McNamee
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Waldorf (M. D. or other) _____

Address Lemay R. 8 (23) Mo. Date signed 6/30/45

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

76
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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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S Broadway

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.