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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25394

Registrar's No. 6420

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

24244

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:
Deaconess Hospital
(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 Missouri (b) County St. Louis 96

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#8 Lemay, Missouri NR
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME WILHELMINA JOHANNES

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 August

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 5, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	14	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

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

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

16. (a) Informant August Johannes
(b) Address R.R.#8, Lemay, Missouri

17. (a) Burial (b) Date thereof July 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. John Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) JUL 22 1946 J. F. Brideck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1946 hour 9 minute 29 A.M.

21. I hereby certify that I attended the deceased from 5/20/ 1946 to 7/19/ 1946
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to Gen. arteriosclerosis and Chr. nephritis

Due to

Other conditions Fr. neck left femur
(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) Accident
(b) Date of occurrence July 12, 46
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above
(Specify type of place)
While at work? (e) Means of injury Fall

23. Signature W. F. Nemir (M. D. or other)
Address 5203 Chippewa Date signed 7/20/46

(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 .....

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

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 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.