. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4528

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Owensville 5
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME William Conrad Woemmel
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ida Zinn Woemmel
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased November (Month) 11 (Day) 1880 (Year)

8. AGE: Years 66 Months 3 Days 3 If less than one day - hr. - min.

9. Birthplace Bem (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business

MOTHER FATHER
12. Name Frederick L. Woemmel
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Henrietta Klemme
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Albert Weiss
(b) Address Owensville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1947 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Owensville, Mo.
18. (a) Signature of funeral director Milford H. H. Winter
(b) Address Owensville Mo.
19. (a) 2-19-47 (Date received local registrar) (b) Dorothy Blackmon (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1947 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2-14-1947 to 2-14-1947 and that I last saw h.im alive on 2-14-1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	30 min
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 Paul A. Brenard (M. D. or other) MD
Address Owensville Mo. Date signed 2-17-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number_____
Date Filed_____

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 Mac, _____, Registered Apprentice No._____, working under my personal supervision.

Signed Milford W. Winston

Licensed Embalmer No. 3825

P. O. Address Owensville Ind

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.