

FILED JAN 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10972**

1. PLACE OF DEATH:  
 (a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "BURIAL" and name of township)  
 (c) Name of hospital or institution:  
4233a Grove Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "BURIAL")  
 (d) Street No. 4233a Grove Ave  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Tillie C. Woehler  
 3. (b) If veteran, name war..... no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 28  
 year 1947 hour 10 minute 30 P.  
 21. I hereby certify that I attended the deceased from Nov. 28  
 1947 to Nov. 28 1947  
 that I last saw h. aw alive on Nov 28  
 and that death occurred on the date and hour stated above. 47  
 Duration

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced..... married  
 6. (b) Name of husband or wife..... Albert Woehler  
 6. (c) Age of husband or wife if alive..... 73 years  
 7. Birth date of deceased..... Jan 1st 1887  
(Month) (Day) (Year)

Immediate cause of death:  
Chronic Myocarditis

8. AGE:  Years 60  Months 10  Days 27  If less than one day  
hr. min.

Due to.....  
 Due to.....

9. Birthplace..... Brussell Ills.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... Housewife

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

11. Industry or business.....  
 12. Name..... Adolph Fattmer  
 13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Elizabeth Schultz  
 15. Birthplace..... Brussell, Ills.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause of which death should be charged statistically.

16. (a) Informant..... Albert Woehler  
 (b) Address..... 4233a Grove Ave  
 17. (a) Burial (b) Date thereof 12/1/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Friedens Cem. Suedmeyer Und. Co  
 18. (a) Signature of funeral director.....  
 (b) Address..... 3934 N. 20th Street  
 19. (a) 12/1/1947 (b) J. J. [Signature]  
(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?.....  
(Specify type of place)  
 While at work..... (a) Means of injury.....  
 Signature..... Henry C. [Signature] M.D.  
 Address..... 2136 East Grand Ave. 1-3-48

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

MOTHER FATHER

FEB 6 1954

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 Wesley B. Throckmoller

Licensed Embalmer No. 3696

P. O. Address 3934 No 20th St

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.