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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2150

FILED MAR 11 1948

1003

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lutheran  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 1 Day  
In this community 1 Mo. 1 Day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington  
(c) City or town Nashville, Illinois (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Augustav F. Woker  
AUGUSTAV F. WOKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Emma Woker 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October 20, 1886  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Washington Co. Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self employed

12. Name Fred Woker

13. Birthplace Washington Co. Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Sachtleben

15. Birthplace Washington Co. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Woker

(b) Address R. F. D. Nashville, Illinois

17. (a) Burial (b) Date thereof March 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Minden, Ill.

18. (a) Signature of funeral director McKinn L. Kemper

(b) Address Box 126 Nashville, Ill.

19. (a) MAR 2 1948 (b) J. F. Braddock  
(Burial or removal) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27  
year 1948 hour 10: minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 28 1948, to Feb 27 1948.  
that I last saw him alive on Feb 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis  
Due to Adrenal carcinoma

Duration 6 wks  
6 mos

Other conditions (Include pregnancy within 3 months of death) 55

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above

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 Pharmacia (M. D. or other) \_\_\_\_\_  
Address 3701 Grand St Date signed 2-28-48

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

**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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address Box 126, Nashville, Tenn.

**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.**