No. 300
30.48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3421

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 763 Bayard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
d. STREET ADDRESS (If rural, give location) 763 Bayard Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Raymond
b. (Middle) R.
c. (Last) Woehl

4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug.13,1875
9. AGE (In years last birthday) 73 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector
10b. KIND OF BUSINESS OR INDUSTRY Mo.Pac.R.R.
11. BIRTHPLACE (State or foreign country) Centralia,Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Raymond Woehl
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Lulu E. Woehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Lulu Woehl, 763 Batard Ave. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemolytic Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1946 *to* Jan 1949, *that I last saw the deceased alive on* Jan 6, 1949 *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE H M Boyd (Degree or title) MD
23b. ADDRESS 1703 S. Grand
23c. DATE SIGNED 1-7.49

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 1-10-49
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
24d. LOCATION (City, town, or county) St.Louis Co.,Mo. (State)

DATE REC'D BY LOCAL REG. JAN 7 1949
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H.Hoppe,St.Louis,Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton M. H. Demelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.