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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1949

State File No. 25750

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1849	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY 1199			
b. CITY (If outside corporate limits, write RURAL and give name) Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 6 wks		c. CITY (If outside corporate limits, write RURAL and give township) Highland, Illinois 110			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Vet. Adm. Hosp.				d. STREET ADDRESS (If rural, give location) 8th & Poplar 2			
3. NAME OF DECEASED (Type or Print) a. (First) Bernard H. Woltering			b. (Middle)			c. (Last)	
4. DATE OF DEATH 7-31-49		5. SEX M (D) W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH 10-1-88		9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		11. BIRTHPLACE (State or foreign country) St. Rose, Ill. /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Herman Woltering		13b. MOTHER'S MAIDEN NAME Anna Niemeyer		14. NAME OF HUSBAND OR WIFE Clara Woltering	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 9-6-18 to 4-24-19		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene F. Nolan, Registrar Vet. Adm. Hosp. Jeff. Brks Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis							
ANTECEDENT CAUSES DUE TO (b) Emphyema							
DUE TO (c) Spontaneous Pneumothorax							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-13, 1949, to 7-31, 1949, that I last saw the deceased alive on 7-31-49, 1949, and that death occurred at 3:50 pm from the causes and on the date stated above.							
23. SIGNATURE D. J. Stretcher STRETCHER, M.D.				23b. ADDRESS Mo. 1199 Vet. Adm. Hosp. Jeff. Brks, Mo.		23c. DATE SIGNED 7-31-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-31-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Highland Illinois	
DATE REC'D BY LOCAL REG. 7-30-49		REGISTRAR'S SIGNATURE Assistant R. Stretcher			25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. St. Louis 10, Mo		

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

OCT 7 1949

APR 16 1956

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Ronald O Yahrke

Licensed Embalmer No. *3917*

P. O. Address. *St Louis 10 Mo*

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.