

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31104

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 57789 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Elizabeth		c. LENGTH-OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) Berkley		96
d. FULL NAME OF HOSPITAL OR INSTITUTION 2			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type of Print) a. (First) Frederick b. (Middle) _____ c. (Last) Wohldmann			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 5 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aircraft worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, County		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Wohldmann		13b. MOTHER'S MAIDEN NAME Emma Lampker		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John E. Wohldmann # Florissant Rl, Mo.			
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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) drowned				INTERVAL BETWEEN ONSET AND DEATH 10:08
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.				69297
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				42

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Jim Beverly		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) San Oak Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Seage Twp Miller Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) on Sept. 5, 1949, at 10:08 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? lol			

22. I hereby certify that I attended the deceased from **Sept. 5, 1949**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:08 A.M., Sept. 4, 1949**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter P. Nedges Coroner	23b. ADDRESS Iberia, Mo.	23c. DATE SIGNED 9/5/49	
24a. BURIAL, CREMATION, REMOVAL removal	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 9-5-1949	REGISTRAR'S SIGNATURE John E. Schwietzman	194 FUNDAL DIRECTOR'S SIGNATURE Walter P. Nedges	ADDRESS Iberia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1949

SEP 19 1949

RECEIVED SEP 14 1949
District Health Officer No. 9
District File Number _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Walter P. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Therri Me*

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.