

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25523

FILED AUG 7 1951

State File No. ....

6512

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>1</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Dieterich, Ill.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dieterich, Ill.</u>		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6813 Plateau</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Wohltman</u> c. (Last) <u>Wohltman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 29, 1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Effingham Ill.</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Adolph Homer</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Funk</u>		14. NAME OF HUSBAND OR WIFE <u>John Wohltman</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ada Wende Diedetrich Ill.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of left</u> DUE TO (c) <u>primary gland</u>				<u>14 mo</u>
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>170X</u>

22. I hereby certify that I attended the deceased from June 5, 1951, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lavin Harris M.D.</u>	23b. ADDRESS <u>706 Chestnut St.</u>	23c. DATE SIGNED <u>7/20/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Luth. Cemetery Dieterich, Ill.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>JUL 21</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F. H. Inc. 1936 St. Louis A</u>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Max F. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave.

**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.