

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34352**
Registrar's No. **7758**

FILED OCT 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN LADUE #43/	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		e. STREET ADDRESS (If rural, give location) 17 RIO VISTA DRIVE.			

3. NAME OF DECEASED (Type or Print) FRANK			a. (First)			b. (Middle)			c. (Last) WOELTGE.			4. DATE OF DEATH (Month) (Day) (Year) AUG. 7, 1953		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 1, 1875		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ass't Secy. Empl'y Comm'ttee				10b. KIND OF BUSINESS OR INDUSTRY So. W. Bell Telephone Co.				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME Herman Woeltge				13b. MOTHER'S MAIDEN NAME Mary Schlansker.				14. NAME OF HUSBAND OR WIFE Laura W. Woeltge			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or date of service) No				16. SOCIAL SECURITY NO. 488-10-4352				17. INFORMANT'S SIGNATURE OR NAME Franklin W. Woeltge.				ADDRESS #17 Rio Vista Dr			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Peritonitis (Probable)										inlet	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abcess in lower central cavity											
		DUE TO (c) perforation of peptic ulcer										inlet	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of prostate, benign										yes	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 22 July 53 Acute Hyperplasia prostate										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) 610X	
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 July**, 19**53**, to **7 Aug**, 19**53**, that I last saw the deceased alive on **7 Aug**, 19**53**, and that death occurred at **10:40A.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Ray David Williams				23b. ADDRESS 114 No Taylor St Louis				23c. DATE SIGNED 8 Aug 53			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-10-1953		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
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DATE REC'D BY LOCAL REG. AUG 8 1953		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons				ADDRESS 7233 Delmar Blvd			
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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.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *386*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.