

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17023

State File No.

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Institute</u>		d. STREET ADDRESS (If rural, give location) <u>3401 Arsenal Street</u>	
3. NAME OF DECEASED a. (First) <u>Sr. M.</u>		b. (Middle) <u>Natalia</u>	
c. (Last) <u>Woehrmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED <u>Never Married</u>	8. DATE OF BIRTH <u>April 29, 1880</u>
9. AGE (In years last birthday) <u>74</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Peters, Mo., U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Woehrmann</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hintzelmann</u>	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sr. Mary Alicia, P.O.P.S. O'Fallon, Mo.</u>	
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) <u>Cerebral Hemorrhage</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u>	
DUE TO (c)		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 <u>331 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1-10-54</u> to <u>6-4-54</u> , that I last saw the deceased alive on <u>5/29/54</u> , and that death occurred at <u>7:30 A.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>R. F. Rindke M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Charles Mo</u>	
23c. DATE SIGNED <u>June 5, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>O'Fallon Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallen</u> ADDRESS <u>Some St. Charles, Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 7-54</u>		REGISTRAR'S SIGNATURE <u>E.A. Keithley</u> 280	

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.....

Frank A. Amalorp

Licensed Embalmer No. *4835*

P. O. Address *St. Charles, 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.