

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39380

State File No. 1003
Registrar's No. 9871

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 Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 2 wks.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Lemay Mo	
		d. STREET ADDRESS (If rural, give location) Box 665	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) E c. (Last) Woltjen Sr.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 26, 1886
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	11. BIRTHPLACE (State or foreign country) St Louis Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Musician	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Richard E Woltjen	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Othella Woltjen
---	--	--

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. 493-24-3808	17. INFORMANT'S SIGNATURE OR NAME Othella Woltjen	ADDRESS Box 665 Lemay 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 days 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</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"/>
------------------------	----------------------------------	---

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? 331X
--	--	------------------------------------

22. I hereby certify that I attended the deceased from 10/17, 1954, to 10/29, 1954, that I last saw the deceased alive on 10/29, 1954, and that death occurred at 2:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. McGinnis</u>	(Degree or title) MD	23b. ADDRESS 16 Hampton Village Bldg	23c. DATE SIGNED 10/30/54
---	-------------------------	---	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 11/1/54	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St Louis, Mo.
--	----------------------	--	--

DATE REC'D BY LOCAL REG. NOV 1 1954	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons	ADDRESS 7027 Gravois
--	---	---	-------------------------

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 E. P. Kishwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.