

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15484

STATE FILE NUMBER

FILED APR 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3532**

Health, Welfare, Public Service
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1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1916 E. Linton Ave		Length of stay in lb 1 year 2 1/2	STREET ADDRESS 1916 E. Linton Avenue		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Albert First F. Middle Woelfle Last			4. DATE OF DEATH April 12 1957 Month Day Year		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 27 1888	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Retired)		10b. KIND OF BUSINESS OR INDUSTRY American Can & Foundry Co		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
13. FATHER'S NAME Mathew Woelfle			14. MOTHER'S MAIDEN NAME Frances Hoffmann		
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. none		17. INFORMANT Address Mrs. Gesine Woelfle, 1916 E. Linton Ave	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Cerebral Apoplexy DUE TO (b) Chr. Hypertensive Arterio Sclerotic C.V. DUE TO (c) Dissection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 443x					INTERVAL BETWEEN ONSET AND DEATH Mar 26-57 67 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION			20f. COUNTY STATE		
21. I attended the deceased from Mar 26-57 to Apr 12-57 and last saw him alive on Apr 11-57 Death occurred at 3:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dress or title) Clifford J. Moylet md			22b. ADDRESS 2739 No Grand		22c. DATE SIGNED 4-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 15 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av			25. DATE RECD. BY LOCAL REG. APR 12 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

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..... *W. G. Bumbley*
Licensed Embalmer No.

P. O. Address..... *Albany*

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.