

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**43177**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **11003**  
 City **St. Louis, Mo.** (No. **3816**) **Shenandoah** St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. **12283**

**2. FULL NAME**

**Mrs. Mary E. Woller**  
 (a) Residence. No. **3816** **Shenandoah** St., **17** Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept. 21 - 1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**66** **2** **29**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Physician**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Ill.**

**10. NAME OF FATHER**

**Fred Lang.**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Kentucky**

**12. MAIDEN NAME OF MOTHER**

**Not known**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany**

**14.**

INFORMANT **Eugene Woller**  
 (Address) **3816 Shenandoah**

**15.**

FILED **21** **1928** **Mary E. Standley**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 20 - 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Dec. 15**, 19**28** to **Dec 20**, 19**28** that I last saw him alive on **Dec 19**, 19**28**, and that death occurred, on the date stated above, at **10:10 P.** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Myocarditis chronic**  
**131**  
**9291**

(duration) yrs. mo. ds.

CONTRIBUTORY **Chrom. Nephritis**  
 (SECONDARY)

(duration) yrs. mo. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **T. J. Kueh**, M. D.

**12/21** 19**28** (Address) **3936 Ludell**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

**Mo. Crematory** **12-25-1928**

**20. UNDERTAKER**

**ADDRESS**

**Ziegenhein, Bros. 2623 Cherokee**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

