

**MAY 7 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. St. Anthony Hospital)

File No. 14179
Registered No. 3675
St. _____ Ward _____

2. FULL NAME Infant Wohlschlaeger

(a) Residence, No. Route #6 St. NR Ward. Webster Groves, Mo.

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME Alois Wohlschlaeger

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mildred Ochs

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Alois Wohlschlaeger (ADDRESS) Route # 6 Webster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Johnscem DATE April 6, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co. (ADDRESS) 814 S. Broadway

20. FILED J. T. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-4-37, to 4-4-37, 1937

I last saw her alive on 4-4-37, 1937. Death is said to have occurred on the date stated above, at 12:28 midnight. The principal cause of death and related causes of importance were as follows:

Date of onset
Premature birth
Other contributory causes of importance: 194

Name of operation _____ Date of _____
What test confirmed diagnosis? Specimen Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) A. Hoffmeister M. D.
(Address) 395 S. Grand St.

APR 5 1937

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.

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3958 & name

Leure at Brughston