

OCT 26 1937

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

35338
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123
(b) Township Carondelet Primary Registration District No. 6248B
(c) City Lemay (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 84 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3842. PRINT FULL NAME Frederick Wohlschlaeger

(a) Residence, No. _____ St. Lemay, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 26, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 11 20

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Missouri

13. NAME Frederick Wohlschlaeger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Otto Wohlschlaeger - Son
(ADDRESS) Lemay, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cemetery DATE Sept. 18, 1937

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED Sept 18, 1937 A. Murray
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 3, 1935 to Sept 16, 1937

I last saw him alive on Sept 13, 1937 Death is said to have occurred on the date stated above, at 1:50am.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 19____

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? no

If so, specify _____ (Signed) Waldorff Hill, M. D.

(Address) Lemay, Mo.

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.

Dr. Waldo Will

STATEMENT BY LICENSED EMBALMER

I, Mr. George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Budde

L. E.

No. 3989 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Geo W Hoffmeister

Licensed Embalmer No. 2426

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.)