

NOV 23 1937

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

38740  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785  
(b) Township Bonhomme Primary Registration District No. 6031  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 136  
(e) Length of residence in city or town where death occurred 65 yrs 10 mos 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Henry Woerther  
Chesterfield, Mo. St.  (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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1871

7. AGE YEARS 65 MONTHS 10 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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. Own Farm  
10. Date deceased last worked at this occupation (month and year) Oct. 1 - 1937 11. Total time (years) spent in this occupation. 30

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

FATHER 13. NAME Henry Woerther

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

MOTHER 15. MAIDEN NAME Susan Woodlind

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

17. INFORMANT (ADDRESS) Everett Woerther  
Chesterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiron Cemetery  
Creve Coeur, Mo. DATE Oct. 13 - 1937

19. FUNERAL DIRECTOR (ADDRESS) Schradler Funeral Home  
Ballwin, Mo.

20. FILED 10-17 1937 Agnes E. Kelly  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937, to Oct 10, 1937.  
I last saw h.s.m. alive on Oct 8, 1937. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Chronic Myocarditis  
Chronic Valvular Heart Disease

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam Was there an autopsy? no

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) Henry Scott, M. D.  
(Address) Ballwin Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96

110  
115

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STATEMENT BY LICENSED EMBALMER

I, Harry Schrader, Licensed Embalmer No. 2091  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harry Schrader  
..... L. E. ....  
No. 2091 or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Harry Schrader  
Licensed Embalmer No. 2091

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)