

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

REC'D SEP 12 1938

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

27403

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. Christian Hospital St.
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Woehner **560**

(a) Residence, No. 1409 Penrose St. St. **9**
 (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 Widower of Elizabeth Woehner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Rope Factory
 10. Date deceased last worked at this occupation (month and year) July 1927 11. Total time (years) spent in this occupation 25

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

13. NAME William Woehner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mrs. Mamie Moses
 (ADDRESS) 1407 Penrose St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Aug. 23 '38

19. FUNERAL DIRECTOR Suedmeyer & Sons
 (ADDRESS) 3934 N. 20th St.

20. FILED Aug 29 1938 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7 1938, to Aug 21 1938
 I last saw him alive on Aug 21 1938 Death is said to have occurred on the date stated above, at 7:55 P. M.

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

Carcinoma of Lower Maxilla, Primary seat

Other contributory causes of importance:
Carcinoma of Rectum

Name of operation None Date of None
 What test confirmed diagnosis? None 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? _____
 If so, specify None
 (Signed) W. M. O'Leary, M. D.
 (Address) 4356 Warne ave

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Geo P Schubert
Licensed Embalmer No. 2212

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.)