

MAR 13 1939

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

791

1003

4432

Do not use this space.

1125

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis Missouri. (d) Street No. Luthern Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Louis Woemmel

(a) Residence, No. .... St. NR Owensville 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 5 10

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.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation life

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

13. NAME Fred Woemmel

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

15. MAIDEN NAME Augusta Nowack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Missouri.

17. INFORMANT (ADDRESS) Robert Williams 4700 Washin gton Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville Mo. DATE Feb. 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED FEB 3 1939 J. B. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938, to Feb 3, 1939  
I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 2:00A.M.

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

Bronchopneumonia  
Chc. Pleurisy  
Eye long phthisis, non calcareous  
Cystitis non gonorrheal  
(non tubercular)

Other contributory causes of importance:  
Benign Hypertrophy

Name of operation Prostatectomy Date of Nov 25-1938  
What test confirmed diagnosis? ..... 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) W. H. Lund - Surgeon, M. D.  
(Address) 2651 Grand St.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Aug. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**