

Registration District No. **2512** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
IN ROUTE TO LUTHERAN HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days 3

3. (a) PRINT FULL NAME John Woelfel
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Woelfel
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 29 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 20 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Candy Maker Retired 3 1/2 Yrs

11. Industry or business Raleigh Candy Co

12. Name John Woelfel

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Keener

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Woelfel

(b) Address 3435 Pennsylvania Ave

17. (a) Burial (b) Date thereof 9 20 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So. Kingshighway Blvd

19. SEP 18 1940 (b) J. J. [Signature]
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3435 Pennsylvania Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 17
year 40 hour 2:30 minute PM
21. I hereby certify that I attended the deceased from 5-30, 1940, to 9-17, 1940
that I last saw him alive on 9-14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis?
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury !
23. Signature [Signature] (M. D. or other) MD
Address 3616 S. Broadway Date signed 9-17-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

#5

3612
S. B. ...

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 Reinhold K. Lohman

Licensed Embalmer No. 3395

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.