No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8768

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2178

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: residence 5568 Waterman Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1217
(If outside city or town limits, write "RURAL")

(d) Street No. 5568 Waterman Avenue 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LILLIE MARGARET WOLTJEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Christopher C. Woltjen

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 6 (Day) 1863 (Year)

8. AGE: Years 78 Months 1 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name Julius Kessler
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)
14. Maiden name Margarethe Doerbaum
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mathilde M. Woltjen
(b) Address 5841 Cabanne Ave. St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 8/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address St. Louis, Missouri

19. (a) MAR 8 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1941 hour 6,00 minute P. M.

21. I hereby certify that I attended the deceased from 3/18/1908, 19, to, 19; that I last saw her alive on March 6th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to Chronic Diabetes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. P. Parker (M. D. or other)
Address 6077 N Grand Date signed 3/7/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fredrick Parker
607 N. Grand Ave.
FR-2525
Book 1

N

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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

If this body is not embalmed, fact should be so stated above.