No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1941

FILED FEB 24 1942

Registration District No. 7-91

Primary Registration District No. 1003

Registrar's No. 10444

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

00 17 9

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 DePaul Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No. 5025 Cote Brilliant Ave.
(If rural, give location)

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

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3. (a) PRINT FULL NAME Brother Francis J. Wohlleben

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased July (Month) 26 (Day) 1878 (Year)

8. AGE: Years 63 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Brother of Mary Teacher

11. Industry or business McBride High School

MOTHER FATHER

12. Name John Wohlleben

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

14. Maiden name Catherine Pemmers

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

16. (a) Informant Brother Wm. J. Wohlleben

(b) Address 5025 Cote Brilliant Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Maryhurst Normal Cem.

18. (a) Signature of funeral director Wm. J. Robert L. + U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) DEC 30 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 10-25, 1937, to 12-29, 1941; that I last saw him alive on 12-28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	4 da
Due to Carcinoma of Jejunum	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Ca of Jejunum

Of autopsy Peritonitis. Ca of Jejunum

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 0

23. Signature P. D. Carroll (M. D. or other) M.D.

Address 4952 Maryland Date signed 12-30-41

844 (Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

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, fact should be so stated above.