

4486
 Form No. 2
 Rev. 5-17-39
 I X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **9420**
 Registrar's No. **3116**

FILED APR 17 1942 791

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 Mos. 1 Day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **24. 000**
 (c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2747 Arsenal St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Emma Pauline Woehler**

MEDICAL CERTIFICATION

3. (b) If veteran, name war.....
 3. (c) Social Security No. **No**

20. DATE OF DEATH: Month **April** day **6**,
 year **1942** hour **1:45** minute **A.** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**

21. I hereby certify that I attended the deceased from **February 5**, 19 **42** to **April 6**, 19 **42**
 that I last saw her alive on **April 6**, 19 **42**
 and that death occurred on the date and hour stated above.

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

Immediate cause of death
**Cerebrovascular thrombosis
 of arteriosclerotic art. 60 days**

7. Birth date of deceased (Month) (Day) (Year)

Due to **Ch. myocarditis
 E. Hypertension
 Enlarged heart**

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|--------|------|----------------------|
| | 66 | | | hr. min. |

Other conditions **Old arteriosclerosis
 Terminal bronchopneumonia 2 days**
(Include pregnancy within 3 months of death)

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

Major findings:
 Of operations.....
 Of autopsy **Refused**

10. Usual occupation **Retired**

11. Industry or business **Grocery**

12. Name **Frederick Woehler**

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

14. Maiden name **Mina Stamm**

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

16. (a) Informant **Herman Wohler**
 (b) Address **2609 a Gravois, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **April 8, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Watt Bros L & N Co**
 (b) Address **2929 So. Jefferson, St. Louis, Mo.**

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?

19. (a) **APR 7 1942** **J F Bredeck**
(Date received local registrar) (Registrar's signature)

While at work? **0** (Specify type of place) Means of injury **0**
 23. Signature **W. Maden** (M. D. or other)
 Address **1515 Lafayette Avenue,** Date signed **4/6/42**

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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.....

Paul A. Shanklin

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No. *3472*

P. O. Address *2929 S. Jefferson*

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.