4933
. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9421

State File No. 2228

Registration District No. 7911 Primary Registration District No. 1003

Registrar's No.

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 #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days (Specify whether years, months or days)

In this community Bith

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9

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

(d) Street No. 118 E. Grand Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry John Woehler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Louisa, deceased

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

7. Birth date of deceased Nov. (Month) 17, (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	3	19	hr. min.

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

10. Usual occupation Wire Cutter

11. Industry or business Schlueter Can Co.

FATHER 12. Name William C. Woehler

FATHER 13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Wm. McLeod

(b) Address 118 E. Grand Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann

(b) Address 2161 E. Fair Ave.

19. (a) MAR 11 1942 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1942 hour 7:35 minute A. M.

21. I hereby certify that I attended the deceased from February 15, 1942 to March 8, 1942 that I last saw him alive on March 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) C. Cerebral Hemiplegia

Major findings: Of operations Benign Hypertrophy of Prostate

Of autopsy None

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 Nelse C. Coleman Jr. (M. D. or other)

Address 1515 Lafayette Ave. Date signed 3/9/42

(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 Francis G. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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.