

S. No. 2
DM-5-42
v. 5-17-39
X32873

39510

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN - 5 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10675

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. John's 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5953 Horton Pl.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Woltemath

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

7. Birth date of deceased Jan. 5th 1935
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1942 hour 5 minute 25A . M.

21. I hereby certify that I attended the deceased from October 29, 1942, to December 19, 1942
that I last saw him alive on December 18, 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>11</u>	<u>14</u>	hr. _____ min.

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

Immediate cause of death Suma of Brain Malignant

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Alfred Woltemath

13. Birthplace Wright City Mo.
(City, town, or county) (State or foreign country) 0

14. Maiden name Hedwig Kettler

15. Birthplace Dutzow, Mo.
(City, town, or county) (State or foreign country) 0

16. (a) Informant Alfred Woltemath
(b) Address 5953 Horton Pl.

17. (a) Burial (b) Date thereof 12-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dutzow, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.

19. (a) DEC 26 1942 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations Same

Of autopsy _____

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 _____ Means of injury _____

23. Signature D. M. Kleum (M. D. or other) _____
Address 4952 Maryland Date signed 12/19/42

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

10675
9290T

10675
9290T

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

Albert G. Hoffner

Licensed Embalmer No. 2971

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.