

S. No. 2
DM-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9879**
Registrar's No. **94**

FILED APR 9 1943
Registration District No. **23**

Primary Registration District No. **3010**

16
1
4

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

1. PLACE OF DEATH:

(a) County **CAPE GIRARDEAU**

(b) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
SOUTH-EAST MO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 weeks**
(Specify whether)

In this community **8 weeks**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**

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

(d) Street No. **6 miles north west of Jackson**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **OSCAR GODFRAY WOELTJE**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or Race **W**

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

6. (b) Name of husband or wife **Dellie Hamilton**

6. (c) Age of husband or wife if alive **61 years**

7. Birth date of deceased **Sept 10 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 6 9 hr. _____ min.

9. Birthplace **CAPE GIRARDEAU MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **William S. Woeltje**

13. Birthplace **CAPE GIRARDEAU MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Mahley**

15. Birthplace **CAPE GIRARDEAU MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Freddie Rustig**

(b) Address **Jackson mo**

17. (a) **Rural** (b) Date thereof **3 23 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **apleton mo**

18. (a) Signature of funeral director **Wilson Staller Seaberg**

(b) Address **Jackson mo**

19. (a) **3-28-43** (b) **G. H. Phelps**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **20th**
year **1943** hour **7** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Jan 10**, 1943 to **Mar 20**, 1943
that I last saw him alive on **mar 20**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Thyrototoxicosis** Duration **1 yr.**

Due to **Thyroid disease** **10 yrs**

Due to **63 yr**

Other conditions **Hypertension** **4 yrs**
(Include pregnancy within 3 months of death) **Hypertrophy of prostate** **5 yrs**

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____ (Specify type of place)

23. Signature **T. E. Ruff** (M-D. or other) **MA**
Address **Jackson mo** Date signed **3-22-43**

RECEIVED

District Health Officer No. 4
District File Number 443-2061
Date Filed 4-7-43

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

Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.