. S. No. 2
DM—8-43
v. 5-17-39
o I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36030

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10462

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32yrs.7mos.28ds. (Specify whether years, months or days)
In this community 57 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. ~~4411 Alaska Ave~~ City Sanitar
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY WOEHLCKE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Adolph.

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

7. Birth date of deceased January (Month) 3 (Day) 1872 (Year)

8. AGE: Years 73 Months 10. Days 29 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

MOTHER
14. Maiden name Sophia Vasling
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant J. Bingler
(b) Address 5400 Arsenal St.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,

19. (a) DEC 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2, year 1945 hour 1.40 minute p M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Dec. 2, 1945 that I last saw h. alive on Dec 2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Cardiac decompensation 10 yrs.x

Due to Cardio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

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? (e) Means of injury

23. Signature C. J. McConnell (M. D. or other) M.D.
Address 5400 Arsenal Date signed 12/2/45

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1945

Separate Emb Cert filed

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.....

Licensed Embalmer No.....

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.