

STANDARD CERTIFICATE OF DEATH 1003

State File No. **39961**

FILED JAN 11 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **11177**

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:  
**DECATON HOSPITAL**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **MERILYN** **Woehr**

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 **Single**

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

7. Birth date of deceased **DEC. 8 1945**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<b>11</b>	hr. min.

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

10. Usual occupation **INFANT**

11. Industry of business \_\_\_\_\_

MOTHER FATHER { 12. Name **FREDERICK J. Woehr**

13. Birthplace **MO.** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name **FRIEDA BAURNE**

15. Birthplace **MO.** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred J. Woehr**

(b) Address **5176<sup>a</sup> Enright Ave**

17. (a) **REMOVAL** (b) Date thereof **12/21/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rolla, Mo.**

18. (a) Signature of funeral director **So. Muller Und. Co.**

(b) Address **5165 Delmar Blvd.**

19. (a) **DEC 20 1945** (b) **J. F. Medick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County \_\_\_\_\_  
 (c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5176<sup>a</sup> ENRIGHT AVE**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19<sup>th</sup>**  
 year **1945** hour **6** minute **57 P.M.**

21. I hereby certify that I attended the deceased from **Dec 8<sup>th</sup>**  
 1945, to **Dec 19<sup>th</sup>** 1945  
 that I last saw her alive on **Dec 19<sup>th</sup>** 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Anoxemia of New Born Atelectasis**

Duration  
**At Birth**  
**71 day.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature **Arnold E. Levin** (M. D. or other) \_\_\_\_\_

Address **2622 E. Kings Highway** Date signed **12-20-45**

DEC 20 1945

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*H. G. Farris*

Licensed Embalmer No. 3384

P. O. Address St Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**