S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11830

FILED MAR 18 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2143

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:
8508 So. Broadway
(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 life

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. 8508 So. Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Woehrle

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 widow
6. (b) Name of husband or wife Otto Woehrle, Sr.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 2 (Day) 1867 (Year)

8. AGE: Years 78 Months 11 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation at home
11. Industry or business

MOTHER FATHER
12. Name ------Dressler
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name not known
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant John O. Woehrle
(b) Address 4660 Adkins

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) MAR 5 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1946 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept. 15th, 1945 to Mar. 2nd, 1946 that I last saw her alive on March 1st, 1946. and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis and Chronic Nephritis	6 mo.

Major findings:
Of operations no
Of autopsy no

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 Dr. W. H. Walters M.D.
Address 3608 S. Grand Blvd. Date signed 3/4/46

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14 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.