

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DE. OF HEALTH

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19841
Registrar's No. 135

Registration District No. 77 Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Jefferson Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William T. Woehrman

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Louise Woehrman 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 15 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 22 Days hr. min.
If less than one day

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Restaraunt Owner

11. Industry or business

12. Name H.H. Woehrman

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

14. Maiden name Margaret Schneider

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

16. (a) Informant Mrs J S Morris

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof June-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Robert G. Gorman

(b) Address Jefferson City, Missouri

19. (a) 6-8-46 (b) R.P. Morris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6
year 1946 hour 1 minute P. (A.M.)
21. I hereby certify that I attended the deceased from June 5
1946 to June 6 1946
(that I last saw him alive on June 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 hour
Due to Chronic myocarditis 3 year

Due to Strangulated hernia 1 day
Other conditions (Include pregnancy within 3 months of death)

Major findings: Strangulated hernia through old laparotomy scar
Of operations Strangulated hernia through old laparotomy scar
Of autopsy

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 W. G. Clark (M.D. or other) M.D.
Address Jefferson City, Mo. Date signed 6/8/46

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

APR 8 1948

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-10-46

JUN 28 1946

AUG 5 1946

MAR 11 1947

JUN 14 1946

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 Omer L. Jones Jr.

Licensed Embalmer No. 4471

P. O. Address Jefferson City

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.