

No. 2  
I-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22353  
State File No. 5319  
Registrar's No.

FILED JUN 26 1946  
Registration District No. 318

Primary Registration District No. 7003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(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 5 yrs. 7 mos.  
In this community 69 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 5400 Arsenal  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME LILLIAN R. WOHRMAN  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month June day 13  
year 1946 hour 10,30 minute \_\_\_\_\_ P. M.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced wid  
(b) Name of husband or wife George Woehrman,  
8. Birth date of deceased: May 9 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1st 1946 to June 13 1946  
that I last saw her alive on June 13 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 1 4 hr. min.

Immediate cause of death: Coronary Thrombosis 24 hrs.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housework

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

11. Industry or business \_\_\_\_\_  
12. Name John Rickert  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Brown  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: As above

16. (a) Informant Clara Robinson  
(b) Address 5400 Arsenal St.  
17. (a) Burial, (b) Date thereof 6/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS. Peter & Paul Cem.  
18. (a) Signature of funeral director Gebken-Benz Mortuary,  
2842 Meramec S.,  
(b) Address \_\_\_\_\_  
19. (a) JUN 15 1946 (Date received local registrar)  
J. F. Breda (Registrar's signature)

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) (Specify means of injury)  
Signature Jack R. D. [unclear] (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal Date signed 6/14/46

JUL 2 1948

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Loron E. Percy  
Licensed Embalmer No. 4094  
2842 Meramec St.,  
P. O. Address St. Louis, 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.**