

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

7153

FILED FEB 17 1947
318

State File No. _____
Registrar's No. 1192

Registration District No. _____ Primary Registration District No. _____

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

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
In this community 22 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Richard Lee Woehler

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 Single

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

7. Birth date of deceased: January 12th 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Clifford A. Woehler

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Loretta Pace

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford A. Woehler

(b) Address 4036a DeTonty

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 5, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation NEW Bethlehem

18. (a) Signature of funeral director Bredeneisen Funeral Home

(b) Address 1926 N. 7th St. St. Louis

19. (a) FEB 5 1947 (Date received local registrar) (b) J. F. Bredneck (Registrar's signature)

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. 4036a DeTonty
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
year 1947 hour 5 minute 2 P.M.

21. I hereby certify that I attended the deceased from 12.12.47, 19____, to 2.3.47, 19____,
that I last saw h. h alive on 2.3.47, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia acute

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 119

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 Clifford A. Woehler (M. D. or other) MD
Address 3500 N. Maple Date signed 2.4.47

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.

M. Embalmer

Signed..... *Selix J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.