U. S. No. 2
10M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43624

Primary Registration District No. 1006

Registrar's No. 12097

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: 1540 Gieseking Lane (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: 80 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 060

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 1540 Gieseking Lane (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 8

If yes, name country

3. (a) PRINT FULL NAME: Edward Woehrmann

3. (b) If veteran, name war:

3. (c) Social Security No.: 488-18-0815

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Johanna Lowes

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: January (Month) 8 (Day) 1867 (Year)

8. AGE: Years 80 | Months 11 | Days 23 | If less than one day: hr. min.

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

10. Usual occupation: Molder

11. Industry or business: Daisy Churn Company

MOTHER FATHER

12. Name: Unknown

13. Birthplace: (City, town, or county) Germany (State or foreign country) 4

14. Maiden name: Charlotte Peters

15. Birthplace: (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mrs. Johanna Woehrmann

(b) Address: 1540 Gieseking Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 5 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: New Bethlehem Cemetery

18. (a) Signature of funeral director: Beiderwieden Funeral Home

(b) Address: 1936 St. Louis Ave.

19. (a) JAN 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31 year 1947 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from 1942, 19..., to 12/31/47, 19...; that I last saw him alive on 12/31/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	5 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature: H. Stein (M. D. or other) MD

Address: 6807 W Florissant Date signed: 1/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harry J. Stein
6807 W. Florissant Ave

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.