

No. 300
1-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28348**
7301
Registrar's No.

Primary Registration District No. **1003**

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Jacob Wohlschlaeger**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Helena Wohlschlaeger** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 4 1877**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Henry Wohlschlaeger**

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

14. Maiden name **Mary Wilde**

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

16. (a) Informant **Alfred Wohlschlaeger**
(b) Address **Rt. Box 350 Lemay, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 20-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Johns Cem. Mehlville, Mo.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**

19. (a) **AUG 20 1948** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Mehlville Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **Hawkins Road, Rt. 8 Box 350**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **17**
year **1948** hour **10** minute **109** M.
21. I hereby certify that I attended the deceased from **7-2-48**
_____ 19____ to **8/17/48** 19____
that I last saw him alive on **8-17-48** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
ac dilatation of heart
Due to **chronic myocarditis**
Due to **HTA**
Other conditions **Ca of Gall bladder - Primary**
(Include pregnancy within 3 months of death)
Major findings:
Of operations **liver, intestines**
Of autopsy _____
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)

23. Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (Means of injury)
Signature **Erwin S. (Trullius)** (M. D. or other)
Address **95 S. Lemay Ferry Rd** Date signed **8/18/48**

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 J. Parkway

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.