

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28358**
Registrar's No. **7457**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3726a Iowa
(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 **Elsie Wotli**
3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Louis**
6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **Feb. 8 1891**
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **15**
If less than one day hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business.....

MOTHER FATHER
12. Name **Fred Schmidt**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Augusta Janstch**
15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Wotli**
(b) Address **3726a Iowa**

17. (a) **Burial** (b) Date thereof **8-26-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Wm Schumacher**
(b) Address **3013 Meramec St.**

19. (a) **AUG 26 1948** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Mo**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3726a Iowa**
24 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **23**
year **1948** hour **2:50** minute **P** M.

21. I hereby certify that I attended the deceased from **1-20-48**
19..... to **8-23** 19 **48**
that I last saw her alive on **8-23** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of rectum

Due to.....
Due to.....

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

Major findings:
Of operations.....
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)
(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 **1**

23. Signature **Andrew H Klein** (M. D. or other) **A.S.**
Address **4632 So Grand** Date signed **8-24-48**

DR KLEIN
4632 S GRAND
L09220
7-9-PM

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.