

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17825  
1003 State File No. 4736

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis, Missouri</b>	c. LENGTH OF STAY (In this place) <b>2 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Vahle Manor Nursing Home-5904</b>		d. STREET ADDRESS (If rural, give location) <b>2301 Angelica Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>	b. (Middle) <b>Cate</b>	c. (Last) <b>Woerheide</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 27th, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 14th, 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR <b>7</b> Days	IF UNDER 12 HRS. <b>13</b> Hours	IF UNDER 1 MIN. _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>William Kindermann</b>	13b. MOTHER'S MAIDEN NAME <b>Tiemann</b>	14. NAME OF HUSBAND OR WIFE <b>Late Wm. F. Woerheide</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Sadie Alber</b>	ADDRESS <b>2301 Angelica Street.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Anoxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>  <b>12 yrs</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>85</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>33.1 X</b>
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22. I hereby certify that I attended the deceased from **May 10, 1949** to **May 27, 1949**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:50A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Daniel Medler MD</b>	(Degree or title) _____	23b. ADDRESS <b>4117 W. E. Bussant</b>	23c. DATE SIGNED <b>5/28/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/31/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Saint Johns Cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>MAY 31 1949</b>	REGISTRAR'S SIGNATURE <b>J. A. Sauter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b>	ADDRESS <b>4828 Natural Bridge Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*John A. Melvin*

Licensed Embalmer No. *4186*

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.