

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22341

State File No. _____

FILED JUN 21 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1359

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| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts.</u> | | c. LENGTH OF STAY (In this place) <u>2 wks</u> | c. CITY OR TOWN <u>Gardenville</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>7740 Fleta</u> | |

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|-------------------------------------|-------------------------|----------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Elsie</u> | b. (Middle) <u>M</u> | c. (Last) <u>Woehrman</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1956</u> |
|-------------------------------------|-------------------------|----------------------|---------------------------|---|

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|----------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|----------------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 29, 1889</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>William Whelove</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertha Meintz</u> | 14. NAME OF HUSBAND OR WIFE <u>Daniel Woehrman</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>Unk</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Daniel Woehrman</u> | ADDRESS <u>7740 Fleta</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>331x</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from May 20, 1956 to June 1, 1956, that I last saw the deceased alive on June 1, 1956, and that death occurred at 11:50 P.M. on the causes and on the date stated above.

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|--|-------------------|---------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>D. Williamson M.D.</u> | (Degree or title) | 23b. ADDRESS <u>6336 Clayton Road</u> | 23c. DATE SIGNED <u>6/2/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>6/5/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>6-4-56</u> | REGISTRAR'S SIGNATURE <u>Herbert A. Donahue</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u> | ADDRESS <u>7027 Gravois</u> |
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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..

Student.....
Signature of Student Embalmer

Signed *C. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address *7027 Grava*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.