URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

EILED VS JAN 3 1961

-60-047207

STATE FILE NUMBER

ENDED

Registration District No. 316 Primary Registration District No. 4451 Registrar's No. 513

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck — Length of stay in 1b: 3 Wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Rest Home — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Framcois
c. CITY OR TOWN Iron Mountain Lake — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Private Lake Property — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Henry; Middle; Last Woehlert
4. DATE OF DEATH: Month December; Day; Year 21,1960
5. SEX Male
6. COLOR OR RACE White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 2-2-1889
9. AGE (last birthday) 71
IF UNDER 1 YEAR: Months 9 Days 19 — IF UNDER 24 HR: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer
10b. KIND OF BUSINESS OR INDUSTRY Printing
11. BIRTHPLACE (City and state or country) St.Louis
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Woehlert
13b. MOTHER'S MAIDEN NAME Margaret Unknown
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 494-09-0821
17. INFORMANT Ernest W.Kuhn — Address 9709 Gloucester St.Louis,Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensated Heart Disease — Years
DUE TO (c) Arteriosclerosis — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 27,1959, to 12-20-60 and last saw him alive on 12-20-60
Death occurred at 9:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.M. Beck (Degree or title) D.O.
22b. ADDRESS Bismarck,Missouri
22c. DATE SIGNED 12-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-22-1960
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
23d. LOCATION (City, town, or county) (State) 3211 Subite St.Louis,Missouri

24. FUNERAL DIRECTOR Shipman & Sons — ADDRESS Bismarck,Missouri
25. DATE RECD. BY LOCAL REG. Dec. 21, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS JAN 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.