

DEC 13 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41176

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **2909a**) **Lemp Avenue** St. Ward)

File No.
Registered No. **11153**

2. FULL NAME **Catherine A. Wuerz**

(a) Residence, No. **1916 S. Broadway** St. **23** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 14, 1875**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 9 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Stove & Hrdw. Store**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,**
(STATE OR COUNTRY) **Missouri**

FATHER
13. NAME **Jacob Wuerz**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **Anna Mueth**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis,**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **August C. Wuerz**
(ADDRESS) **1916 S. Broadway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter & Paul** DATE **Nov. 23,** 19**34**

19. UNDERTAKER **Wuerz Bros**
(ADDRESS) **2201 S. Grand Boulevard**

20. FILED **Nov 22 1934** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 20th,** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 10th 1934** to **Nov. 20th 1934**
I last saw her alive on **Nov. 18th 1934** Death is said to have occurred on the date stated above, at **7:05 P.M.**

The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) 1 yr.
730
97 **930**
Other contributory causes of importance: **Arterio-sclerosis.**

Name of operation Date of
What test confirmed diagnosis? **sup. exam.** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **J. B. Thurman**, M. D.
(Address) **1114 Mo. Bldg.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. W. S. Johnson
Mr. Theater Bldg

12-30 PM

Room-1114