

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.

Jan 3616 St. Louis

REC'D JUL 12 1938

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

791
1003

20077
Do not use this space.
5216

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis (d) Street No. 3631a Chippewa St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Olive J. Wirtz
(a) Residence, No. 3631a Chippewa Str. St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph J. Wirtz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1874
7. AGE YEARS 63 MONTHS 8 DAYS 24
If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 3-30-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymond Ill

FATHER
13. NAME Thomas Parrot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymond Ill

MOTHER
15. MAIDEN NAME Alice Simms
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymond Ill

17. INFORMANT (ADDRESS) Joseph J. Wirtz 3631a Chippewa

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 6-8-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa Str.

20. FILED JUN 7 1938 J. P. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-38, 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1938, to 6-5, 1938
I last saw her alive on 6-4, 1938. Death is said to have occurred on the date stated above, at 545A m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis ?
23
Diabetes mellitus ?
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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) O. Jones M. D.
(Address) 3616 St. Louis

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..... *Oscar J. Hoffmeister*

Licensed Embalmer No. *2970*

P. O. Address *4016 Clippewa*

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, above space should be left blank.