

DEC'D NOV 16 1938

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

34036  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**

(b) Township ..... Primary Registration District No. **1008**

(c) City St. Louis, Mo (d) Street No. BARNES HOSPITAL St.

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

2. PRINT FULL NAME Emma Sophia Wortmann

(a) Residence, No. Rose Bud, Mo. St. Mo. Rose Bud, Mo. (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 William Wortmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 8-1872

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

66. 1. 6.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rose Bud, Mo. A

13. NAME Henry E. Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, G

15. MAIDEN NAME Malinda Brinkmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, U

17. INFORMANT (ADDRESS) Wm Wortmann, Rose Bud, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Bud, Mo DATE Oct. 17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. R. Eustony & Sons, #7233 Delmar Blvd

20. FILED OCT 16 1938 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-38 19

22. I HEREBY CERTIFY, That I attended deceased from 9-27-38, 19, to 10-14-38, 19.

I last saw h. or alive on 10-14-38, 19. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Cerebral Thrombosis

Hypertension

Other contributory causes of importance:

Name of operation A Date of

What test confirmed diagnosis?  Was there an autopsy? YES

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?

If so, specify (Signed) Ray David Williams, M. D.

(Address) BARNES HOSPITAL

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.

**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, .....

*B. A. Miles*

or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*B. A. Miles*

Licensed Embalmer No. ....

*# 2901*

P. O. Address .....

*# 7233 Delmar*

**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:**