

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.

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 JAN 12 1940

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 41162  
 Registrar's No. 10285

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital, #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
(Specify whether)  
 In this community Life  
years, months or days

3. (a) PRINT FULL NAME Lillian Voerg 620  
 3. (b) If veteran, name war ----  
 3. (c) Social Security No. 491-18-2919

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive --- years  
 7. Birth date of deceased June 14, 1902  
(Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 15  
If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Jacob Wuertz  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Wuertz  
 (b) Address 216 E. Velma, St. Louis Co.  
 17. (a) Burial (b) Date thereof 12/2/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation N. St. Marcus  
 18. (a) Signature of funeral director Wacker-Welderle  
 (b) Address 2331 S. Broadway  
 19. (a) DEC 1 1939 (b) J. J. Brudish  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 27  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 331 St. George St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month November day 29,  
 year 1939 hour 10:00 minute P. M.  
 21. I hereby certify that I attended the deceased from November 28, 1939 to November 29, 1939  
 that I last saw her alive on November 29, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions H  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature John F. Flynn (M. D. or other)  
 Address 1815 Lafayette Date signed 11/30/39

**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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis, Mo.

**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.