

No. 2
4-13-40
5-17-39
I X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5096**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5936 Schulte Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **41 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bertha Wurl**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Martin Wurl** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 4th 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	11	16	_____ hr. _____ min.

9. Birthplace **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Goers**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Fredericka Wolf**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Otto Nolkemper**

(b) Address **5936 Schulte Ave**

17. (a) **Burial** (b) Date thereof **June 23 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funl Home**

(b) Address **1936 St Louis Ave**

19. (a) **JUN 21 1941** (b) **J. J. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL") **717**

(d) Street No. **5936 Schulte Ave**
(If rural, give location) **9**

(e) If foreign born, how long in U. S. A. **0** years.

~~Medical Certification~~
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1941** hour **5:15** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Coronary Sclerosis**
Atherosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **1941**

Of autopsy **91**

Duration

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) (c) Means of injury _____

23. Signature **Alfred J. Kerry** (M. D. or other) _____

Address **St. Louis** Date signed **6/20/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
9

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 *Delia J. Krupin*.....

Licensed Embalmer No. *3497*.....

P. O. Address *1936 St. Louis*.....

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, fact should be so stated above.