No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 37784

Registrar's No. 1097

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3rd floor Rock Island Bldg (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. Hospital (Specify whether

In this community 67 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 515 No. 12th (If rural, give location)

(e) Citizen of foreign country? no ~~(Yes or No)~~

If yes, name country

3. (a) PRINT FULL NAME AMELIA WURTSLER

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Wurtzler

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Apr. (Month) - 3 (Day) - 1874 (Year)

8. AGE: Years 67 | Months 7 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Woodman Hall

FATHER
12. Name Leo Muthig
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Stemler
15. Birthplace New York N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. S. Mathews

(b) Address 2415 Charles - St. Joe.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) - 17 (Day) - 41 (Year)

(c) Place: burial or cremation Mt. Moro Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun St.

19. (a) Nov 17-1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Nov 14, 1941, to ___, 19___; that I last saw ~~him alive on~~ ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day.
Due to Arterio Sclerosis (general)	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

940

Woman died suddenly while sitting in a chair, without premonitory symptoms of sickness or disability

Major findings: Of operations

Of autopsy no.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H F Mundy (M. D. ~~or other~~) Coroner

Address 404 So 3d St. Date signed 11/15/41

83

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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~~ .....

11-14-41, Registered Apprentice No. .....

working under my personal supervision.

Signed Geo. E. Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.