No. 2
1-4-41
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X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1

MISSOURI STATE BOARD OF HEALTH

# 1941 STANDARD CERTIFICATE OF DEATH

State File No. 39413

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2349

**1. PLACE OF DEATH:**
(a) County St. Louis
(b) City or town St. John's Sta.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9500 St. Chas. Rk. Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County St. Louis
(c) City or town St. John's Sta.
(If outside city or town limits, write "RURAL")
(d) Street No. 9428 May Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martin Wirth
3. (b) If veteran, name war
3. (c) Social Security No. 525-32-6435
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Rose Wirth
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Sept. 14, 1890 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 51 | 2 | 4 | hr. min. |

9. Birthplace Mt. Carmel, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Grocery Merchant
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant May Rose Wirth
(b) Address 9428 May Ave.
17. (a) (Burial, cremation, or removal) (b) Date thereof Nov. 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Ill.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) NOV 21 1941 (Date received local registrar) (b) C. J. McDaniel (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 14 18 year 1941 hour 4 minute P 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.

| | Duration |
|---|---|
| Immediate cause of death Cut own jugular vein | |
| Due to Hemorrhage from severed jugular vein. | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 164d
Of autopsy Yes.

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) Suicide
(b) Date of occurrence Nov. 18, 1941
(c) Where did injury occur? About 9500 St. Charles Rd (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? (e) Means of injury
23. Signature Louis H. Bopp (M. D. or other)
Address Kirkwood, Mo. 11/21/41 Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 4029

P. O. Address.....

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

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