

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16779

State File No. ....

Primary Registration District No. 1009

Registrar's No. 5266

FILED JUN 14 1943

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

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alexian Bro. Hospital. 6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Days.  
(Specify whether  
In this community 50 Years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
1920  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2717 Howard St.  
(If rural, give location) 0  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME David Wurth.

3. (b) If veteran, name war No. 3. (c) Full Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fredricka Wurth. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 12 1868.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 6 26 hr. min.

9. Birthplace Germany. (City, town, or county) (State or foreign country) 7

10. Usual occupation Retired.

11. Industry or business 9

MOTHER FATHER { 12. Name Unknown. 9  
13. Birthplace Unknown. (City, town, or county) (State or foreign country)  
14. Maiden name Unknown.  
15. Birthplace Germany. (City, town, or county) (State or foreign country) 9

16. (a) Informant Fredricka Wurth.

(b) Address 2717 Howard St.

17. (a) Burial (b) Date thereof 6-11-43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 8 1943 (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1943 hour 3:30A. minute ..... M.

21. I hereby certify that I attended the deceased from May 30  
May 30 1943, to June 8 1943,  
that I last saw him alive on June 7 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Left Cerebellar Hemorrhage 9 da

Due to Chronic Intestinal Neoplasm

Due to..... 7/4/40

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings: 12/1  
Of operations.....  
Of autopsy.....

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) ( )  
Means of injury.....  
23. Signature A. F. Hestel (M. D. or other) 0  
Address 3600 Grand Date signed 6/9/43

for 7890 1/20 P.m.

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**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... Warner L. Ponder  
Licensed Embalmer No. 3367  
P. O. Address 1223 St. Louis Ave

**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.**