S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 120443

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5978

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 092

(c) City or town Josephville
(If outside city or town limits, write "RURAL")

(d) Street No. 4 NR
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME William Joseph Wortman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 25 (Day) 1941 (Year)

8. AGE: Years 3 Months 4 ~~Days~~ 3 If less than one day hr. min.

9. Birthplace Josephville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Joseph Wortman
13. Birthplace Josephville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Evelyn Hemmer
15. Birthplace Dardenne (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Joseph Wortman
(b) Address Josephville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Josephville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Status Thymico Lymphaticus Ether Anesthesia while undergoing a Laparotomy

Due to at the Missouri Baptist Hosp on June 28-1944 at about 10 P.M.

Due to

Other conditions
(Include pregnancy within 3 months of death)

64

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 7/1/44

(Licensed Embalmer's Statement on Reverse Side)

59678

59678

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 John Agnoski

Licensed Embalmer No. 2398

P. O. Address.....

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.