S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

#40886

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11982

FILED MAY 12 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4041

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3225a No. Dakota St.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ZOE WORTMAN

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 Married,

6. (b) Name of husband or wife John Wortmann

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June (Month) 24 (Day) 1885 (Year)

8. AGE: Years 59 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER

12. Name Nelson Turcott,

13. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

MOTHER

14. Maiden name Don't Know,

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant John Wortmann,

(b) Address 3225a No. Dakota St.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 5/9/45 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) MAY 7 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1945 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from 4/10/45, 19, to 5/6/45, 19; that I last saw her alive on 5/6/45, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Thrombosis of left coronary artery

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Ellis L. Lipsitz (M. D. or other)

Address 1515 Lafayette Date signed 5/7/45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

send certificate folded separately

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.....

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.