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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. _____
Primary Registration District No. **1003**

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

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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether _____)

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. 5092 Cates Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Hanna P Wirfs
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 29
year 1945 hour 8 minute 45 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.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Wirfs
6. (c) Age of husband or wife if alive 65 years

Immediate cause of death
Carcinoma of Cervix with Metastasis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

7. Birth date of deceased Nov 8 1889
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
55 11 21 hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

11. Industry or business _____
12. Name Patrick Connors
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Carroll
15. Birthplace va
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Wirfs
(b) Address 5092 Cates Ave
17. (a) Burial (b) Date thereof Nov 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

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? _____

18. (a) Signature of funeral director Calvin F Reutz Funeral Home
(b) Address 4828 Nat. Bridge Blvd
19. (a) 10-31-45 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Alfred Perry (M.D. or other) _____
Date signed 10/31/45

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 A. McLean*

Licensed Embalmer No. *4186*

P. O. Address..... *St. Louis Mo*

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.