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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 3 1945

State File No. 34743

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2451

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. St. Marys Hospital 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Baby Boy Wurm

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 21 (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. 2 min.

9. Birthplace Richmond Heights (City, town, or county) Mo. (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Leonard A. Wurm
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Eileen E. Erard
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Leonard A. Wurm
(b) Address 10,657 Thorpe Ave-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland

19. (a) 10-24-45 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1945 hour 8 minute 102 AM.

21. I hereby certify that I attended the deceased from 10/21, 1945, to 10/21, 1945; that I last saw him alive on 10/21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Premature Delivery	
Due to 6 mo. gestation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
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 John O. Connell (M. D. or other)
Address 10366 Lakeland Rd. Date signed
St. Louis Co. Mo.

(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 Harold K. Brown

Licensed Embalmer No. 4337

P. O. Address Overland, Wash.

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.