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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 9 1946 STANDARD CERTIFICATE OF DEATH  
1003

25853

State File No. ....

Registration District No. 318

Primary Registration District No. ....

Registrar's No. 6606

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

(d) Length of stay: In hospital or institution 7 days  
(Specify whether life)

In this community life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 129

(d) Street No. 5290 Waterman Ave.  
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME JOSEPH WERTHEIMER

3. (b) If veteran, name war NO

3. (c) Social Security No. XXXX

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jessie Skinner

6. (c) Age of husband or wife if alive 61? years

7. Birth date of deceased November 17 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 21  
1946, 19... to July 27, 1946

that I last saw him alive on July 27, 1946; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>8</u>	<u>10</u>	hr. .... min.

Immediate cause of death Acute Myocardial Infarction 6da.

Due to Coronary arteriosclerosis years

Due to Bronchopneumonia 2da.

Other conditions PH  
(Includes pregnancy within 3 months of death)

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

10. Usual occupation General Agent

11. Industry or business Traveler's Insurance Co.

12. Name Jacob J. Wertheimer

13. Birthplace Troy Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Willie Swarts

15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Wertheimer, Jr.

(b) Address 6015 Pershing Ave.

17. (a) Cremation (Burial, cremation, or removal)

(b) Date thereof July 29, 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla-Crematory

18. (a) Signature of funeral director Alvander & Sons Inc.

(b) Address 6175 Delmar Blvd., St. Louis

19. (a) JUL 29 1946 (Date received local registrar)

(b) J. F. Bredeck (Registrar's signature)

Major findings: PH  
Of operations .....

Of autopsy Old and Recent myocardial infarctions

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Llewellyn Gale Jr. (M. D. or other) PH

Address 4500 Olive St. Date signed 7/28/46

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

MOTHER, FATHER

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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 Jos. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6170 Delma

**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.**