U. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30942

Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 8053

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:
3805 Holly Hills Blvd. /
(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 Mo. (b) County

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

(d) Street No. 3805 Holly Hills Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HELEN DARR

3. (b) If veteran, name war None

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 Arthur R.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 28 (Day) 1896 (Year)

8. AGE: Years 52 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Julius Wurzburger
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Arthur R. Darr
(b) Address 3805 Holly Hills Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 S. Kingshighway Bl.

19. (a) SEP 14 1948 (Date received local registrar) (b) J. F. Bridell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 13
year 1948 hour 3:25 minute A. M.

21. I hereby certify that I attended the deceased from April 7, 1944 to Sept 13, 1948;
that I last saw her alive on Sept 12, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the descending colon — Duration 4+ yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above, with metastases to liver
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 L Horner (M. D. or other) M D
Address 114 N. Taylor St Louis 8 Date signed 9-14-48

(Licensed Embalmer's Statement on Reverse Side)

1st No. Taylor 1/100-500

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.