

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3247  
Registrar's No. 00039

|  |                                |  |  |   |   |  |  |
|--|--------------------------------|--|--|---|---|--|--|
| BIRTH NO. _____  |                                | REG. DIST. NO. 317   |  | PRIMARY REG. DIST. NO. 3063   |   | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis,</u>   |                                |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri,</u> b. COUNTY _____ |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>  |                                | c. LENGTH OF STAY (in this place) <u>D.O.A.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>                                      |   | 2027   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPI.</u>   |                                |  |  | d. STREET ADDRESS (If rural, give location) <u>6410 Woodbine Ct.</u>  |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Joseph</u>  |                                |  | b. (Middle) _____                            |   |   | c. (Last) <u>Wortmann,</u>   |  |
| 4. DATE OF DEATH <u>January 6, 1950</u>  |                                |  |  | (Month) _____ (Day) _____ (Year) _____  |   |  |  |
| 5. SEX <u>Male, D</u>  | 6. COLOR OR RACE <u>White,</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>   |  | 8. DATE OF BIRTH <u>December 20, 1888</u>   | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months _____ Days _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairy Driver,</u>   |                                | 10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Dairy Co.</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri, D</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>Henry Wortmann,</u>  |                                |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Kohne,</u> |   |   | 14. NAME OF HUSBAND OR WIFE <u>Marie L. Wortmann,</u>                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                                | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Marie L. Wortmann, 6410 Woodbine Ct.,</u>  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> |                                | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>compound fracture of skull with resulting brain injury-operating milk truck which slid off highway, overturned and pinned upper part of body under truck.</u> |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>58 274</u><br><u>32</u> |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |                                |  |  |   |   |  |  |
| 19a. DATE OF OPERATION _____   |                                | 19b. MAJOR FINDINGS OF OPERATION <u>E. 400</u>   |  |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>   |                                | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>Public Road</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>W. Watson Rd., St. Louis Co., Mo.</u>  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 6 50 PM</u>   |                                | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <u>See above</u>   |   |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.        |                                |  |  |   |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Arnold J. Willmann, Coroner 3</u>  |                                |  |  | 23b. ADDRESS <u>Clayton, Mo.</u>  |   | 23c. DATE SIGNED <u>1/7/50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>   |                                | 24b. DATE <u>Jan. 9, 1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul Cemetery,</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>7030 Gravois St. Louis, Mo.</u> |  |
| DATE REC'D BY LOCAL REG. <u>1-7-50</u>   |                                | REGISTRAR'S SIGNATURE <u>Herbert O. Donker</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>                          |   |  |  |

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

FEB 10 1950

**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 me

..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

*Joe D. Benz*  
.....  
Licensed Embalmer No. 4249

P. O. Address.....  
2842 Meramec St.,  
St. Louis, 18, 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.