

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6926

FILED MAR 10 1950

State File No. ....

318

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1834

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>En. Route to City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>16 4135 Hartford St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b>		b. (Middle) <b>Margaret</b>		c. (Last) <b>Wuerz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-24-1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>12-23-1912</b>	
9. AGE (In years last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser-Busch Inc</b>		11. BIRTHPLACE (State or foreign country) <b>0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jacob Wuerz</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Menne</b>		14. NAME OF HUSBAND OR WIFE <b>*****</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-01-4909</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Erwin Konrad 5301 Neosho St</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon Monoxide poisoning</b> <b>suffered Feb 24 1950 (exact time unknown) when deceased was asleep in home at 4135 Hartford as a result of fumes backing up from clogged vent from gas furnace in basement.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>ADU Accident</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>ADU Accident</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo 812</b>		21f. HOW DID INJURY OCCUR? <b>15</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 24 50 ?</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>8:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Erwin Konrad</b>		(Degree or title) _____		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2/25/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-27-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter and Paul's Cem</b>		24d. LOCATION (City, town, or county) (State) <b>7030 Gravois Ave Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 25 1950</b>		REGISTRAR'S SIGNATURE <b>J B Sessler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenheim</b>		ADDRESS <b>6409 Gravois Ave</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed: *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.