

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40143**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **3642**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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) OR TOWN <b>Richmond Heights</b>		c. LENGTH OF STAY (In this place) <b>D.O.A.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>New St. Mary Hospital.</b>		d. STREET ADDRESS (If rural, give location) <b>4525 Pennsylvania Ave.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mathilda</b> b. (Middle) <b>E.</b> c. (Last) <b>Wuertz,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 7, 1951.</b>		
5. SEX <b>Female,</b>		6. COLOR OR RACE <b>White,</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 9, 1894</b>		9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Waterloo, Illinois, /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Brinkmann</b>		13b. MOTHER'S MAIDEN NAME <b>?</b>	

14. NAME OF HUSBAND OR WIFE <b>Anton Wuertz,</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>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Anton Wuertz,</b>		ADDRESS <b>4525 Pennsylvania Ave.,</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Coronary occlusion</b>		DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <b>11-7, 1951</b> to <b>11-7, 1951</b> , that I last saw the deceased alive on <b>11-7, 1951</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.			

23a. SIGNATURE (Degree or title) <b>John H. Doherty, M.D.</b>		23b. ADDRESS <b>5203 Chippewa</b>		23c. DATE SIGNED <b>11-8-51</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed,</b>		24b. DATE <b>11/10/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery,</b>	
24d. LOCATION (City, town, or county) (State) <b>Waterloo, Illinois,</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary,</b>		ADDRESS <b>2842 Meramec St.,</b>	
DATE REC'D BY LOCAL REG. <b>11-9-51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>		St. Louis, 18, Mo.	

(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 \_\_\_\_\_ me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joe B. 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.