

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45175**
Registrar's No. **11915**

FILED JAN 26 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11915**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2739	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 23 1809th S. 9th ST.	
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET V. b. (Middle) WURTZ c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) DEC 25 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 14 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY		10b. KIND OF BUSINESS OR INDUSTRY FAMOUS-BARR CO	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME EDWIN HERTLING	
13b. MOTHER'S MAIDEN NAME JEANETTE WEST		14. NAME OF HUSBAND OR WIFE GEORGE WURTZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME GEORGE WURTZ		ADDRESS 1809th S. 9th	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous, generalized ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Retroperitoneal neuro sarcoma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 11-22-52		19b. MAJOR FINDINGS OF OPERATION Retroperitoneal neuro-sarcoma & Carcinomatous, generalized	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 193X		22. I hereby certify that I attended the deceased from 9-29- , 19 52 to 12-25 , 19 52 , that I last saw the deceased alive on 12-25 , 19 52 and that death occurred at 12:50 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Robert H. Carson, M.D.		23b. ADDRESS 3606 Spruce Lane, St. Louis, Mo	
23c. DATE SIGNED 12/26/52		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE DEC. 29 1952		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS CO, MO		24e. FUNERAL DIRECTOR'S SIGNATURE Thomas A. Curtis	
DATE REC'D BY LOCAL REG. DEC 27 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
ADDRESS 2906 Lewis		3. (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

Harold E. Wilby

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.