

5. No. 300
7. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12816

FILED APR 3 1953
BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 508 Registrar's No. 885

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John ? 4201	
c. LENGTH OF STAY (in this place) 22-yrs.		d. STREET ADDRESS (If rural, give location) 3009-Endicott Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3009-Endicott Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Louisa b. (Middle) Margaret c. (Last) Hecht			4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Mar. 5, 1870		9. AGE (in years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Ballwin, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Carl Buermann		13b. MOTHER'S MAIDEN NAME Louisa Martin		14. NAME OF HUSBAND OR WIFE Gustav Dad.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Anthon 3009-Endicott Overland-14-Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis			DUE TO (b) Hypertension			5 years		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Senility			3 years		
II. 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)	
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 Jan 2, 1953, to March 22, 1953, that I last saw the deceased alive on March 21, 1953, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Arnold H Wurzer M.D.		23b. ADDRESS 3115 Bradon Rd.		23c. DATE SIGNED 3/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	
24d. LOCATION (City, town, or county) Pattonville, Mo.		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) Pattonville, Mo.	
DATE REC'D BY LOCAL REG. 3-24-53		REGISTRAR'S SIGNATURE Herbert R. Danks - M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
				William Bros. Inc. 2504-Woodson Rd. Overland-14-Mo.	

P.T. (Licensed Embalmer's Statement on Reverse Side)

1001
Mrs. Carl H. Wurzer
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
WAB 0533

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.