

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27058

State File No. \_\_\_\_\_  
Registrar's No. **6897**

FILED JUL 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Mo</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) <b>2239</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) <b>23 1556 CALIFORNIA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSP</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-11-53</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCES</b> b. (Middle) <b>H</b> c. (Last) <b>WURL</b>		5. SEX <b>FEM</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify)	
8. DATE OF BIRTH <b>8-17-1865</b>		9. AGE (In years last birthday) <b>87 YRS</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>HUGO PHILIP</b>		13b. MOTHER'S MAIDEN NAME <b>WILHELMENIA ?</b>	
14. NAME OF HUSBAND OR WIFE <b>GEO. WURL (DEC)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Tommy Gilbert</b> ADDRESS <b>1556 California</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PERFORATED DUODENAL ULCER</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>CHRONIC DUODENAL ULCER</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION <b>7 JULY 1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>PERFORATED DUODENAL ULCER</b>	
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>541.1</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>7 JULY, 1953</b> , to <b>11 July, 1953</b> , that I last saw the deceased alive on <b>11 July, 1953</b> and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>A. London M.D.</b>		23b. ADDRESS <b>Jewish Hospital</b>	
23c. DATE SIGNED <b>13 July 1953</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>7-14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS PETER &amp; PAUL</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schum</b> ADDRESS <b>3125 Lafayette</b>	
DATE REC'D BY LOCAL REG. <b>JUL 14 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	

WRITE PLAINLY—USING UNFADEING 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 \_\_\_\_\_

Licensed Embalmer No. 4014

P. O. Address 3125 Foley

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.