

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30551

State File No. 7161
Registrar's No.

FILED AUG 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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		a. STATE MISSOURI	b. COUNTY ST. LOUIS,
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) BERKELEY CITY 9 4091 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		d. STREET ADDRESS (If rural, give location) 5301 RUTH ST.	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) ELIZABETH	b. (Middle) CLARA	c. (Last) WIRTEL	JULY 21, 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/29/1906
9. AGE (In years last birthday) 47		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALBERT NEBIKER		13b. MOTHER'S MAIDEN NAME JULIA KALTENBERONN	14. NAME OF HUSBAND OR WIFE FRANK PATRICK WIRTEL
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. 492-07-7195	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK PATRICK WIRTEL 5301 RUTH ST
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 BERKELEY CITY MO. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal obstruction</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES <u>Perforated Duodenal Ulcer</u> DUE TO (b) <u>2 yrs.</u> 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 June 53		19b. MAJOR FINDINGS OF OPERATION <u>Moraine adhesions, multiple obstructions</u>	
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) 541.1
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 <u>Nov 1957</u> , to <u>July 1953</u> , that I last saw the deceased alive on <u>July 20, 1953</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. O. Johnson M.D.</u> (Name or title)		23b. ADDRESS <u>Ferguson Mo</u>	23c. DATE SIGNED <u>7-22-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>7/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u>	
DATE REC'D BY LOCAL REG. JUL 22 1953		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis 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.