

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**823**

State File No. ....

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 16

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Franklin</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Gasconade</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington, Mo</b>	c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stony Hill Mo. 0370</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>HILLIP</b>	c. (Last) <b>WURTZ</b>	<b>4. DATE OF DEATH</b>	(Month) <b>1</b>	(Day) <b>31</b>	(Year) <b>54</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>6-16-1872</b>	<b>9. AGE</b> (In years last birthday)	Years <b>81</b>	Months <b>7</b>	Days <b>15</b>	IF UNDER 1 YEAR Hours <b>1</b> Min. <b>1</b>
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<b>10a. USUAL OCCUPATION</b> (This kind of work done during most of working life, even if retired) <b>Office Worker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>City of St. L.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>John Wurtz</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Cynthia Wurtz</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>494-36-4756</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John A. Wurtz</b>	<b>ADDRESS</b> <b>1811 S. 9th St. L. Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 yrs.</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardio-vascular-renal disease</b>	<b>Cardio-vascular-renal disease</b>		
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<b>DUE TO (b)</b>		
	<b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>No operation</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>442X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 1/25, 1954, to 1/31, 1954, that I last saw the deceased alive on 1/31, 1954, and that death occurred at 7:25 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>B.P. Eisenmann M.D.</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>New Haven, Mo.</b>	<b>23c. DATE SIGNED</b> <b>2/1/54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>2-3-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>New St. Marcus Cem</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>2/1/54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J.P. Hedman</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Paul H. Blumer</i>	<b>ADDRESS</b> <b>Berger Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

FEB 1

FEB 11

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

*Hughes*

Licensed Embalmer No. 3160

P. O. Address Herena and 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.