

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35302

State File No. ....

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9484

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9484			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5454 Rosa Ave.</b>				f. STREET ADDRESS (If rural, give location) <b>2 5454 Rosa Ave.</b>					
3. NAME OF DECEASED a. (First) <b>Mabel</b>			b. (Middle) _____			c. (Last) <b>Wirth</b>			
4. DATE OF DEATH <b>October 31, 1955</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>June 27, 1895</b>			
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months <b>4</b>		IF UNDER 24 HRS. Days <b>3</b>		Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>									
13a. FATHER'S NAME <b>Henry J. Woltering</b>			13b. MOTHER'S MAIDEN NAME <b>Alvina Dieble</b>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Vernon J. Wirth</b> ADDRESS <b>5454a Rosa Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 mo</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Hypertension</b>				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 _____		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOME 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 <b>Jan 30, 1952</b> , to <b>Oct 31, 1955</b> , that I last saw the deceased alive on <b>Oct 26, 1955</b> , and that death occurred at <b>7:15A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Darryl A. Kerch</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>5633 S. Kingshighway</b>		23c. DATE SIGNED <b>10/31/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/2/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>OCT 31 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b> ADDRESS <b>2630 Gravois Ave.</b>					

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

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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.....  
Signature of Student Embalmer

Signed *Robert F. Gebker*.....

Licensed Embalmer No. 4144.....

P. O. Address 2630 Gravois.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.