

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040400

FILED VS. OCT 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10078

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital,</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6435 Manchester Ave.,</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>John B. Wortmann,</b>				4. DATE OF DEATH Month <b>October</b> Day <b>16,</b> Year <b>1960</b>			
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White,</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/25/1885</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Receiving Clerk,</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Scullins Steel</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri,</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Wortmann,</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Kohne,</b>		14. NAME OF HUSBAND OR WIFE <b>Zoe Wortmann, (deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>489-20-6863</b>		17. INFORMANT Address <b>John Wortmann, 4967 Loughborough Ave.,</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2-4 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		DUE TO (c) <b>Spontaneous Hemorrhage</b>		PART II. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4200</b>			
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis, MO</b>		COUNTY	STATE
21. I attended the deceased from <b>10/11/60</b> to <b>10/16/60</b> and last saw him alive on <b>10/16/60</b> Death occurred at <b>11:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Ruzyera Md.</b> (Degree or title)				22b. ADDRESS <b>8059 Watson Rd</b>		22c. DATE SIGNED <b>10/17/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>		23b. DATE <b>10/19/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter &amp; Paul Cemetery,</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Missouri,</b>		(State)
24. FUNERAL DIRECTOR ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>OCT 18 1960</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith. M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Joe D. Perry*

Licensed Embalmer No. 4249

2842 Meramec  
P. O. Address St. Louis, 1

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.