

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

40877  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis, (d) Street No. # 10 Windermere Place. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

William Wurdack.  
 (a) Residence, No. # 10 Windermere Place. St. 5 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Wurdack.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1858.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pres. Wurdack.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Electric Co.  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City.

FATHER 13. NAME Ignatius Wurdack.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Matilda Zerahn.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mr. Walter Wurdack.  
# 10 Windermere Plac.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Dec. 9-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly.  
3840 Lindell Blvd.

20. FILED DEC 8 1938 J. P. Bredes Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937, to Dec 7, 1938.  
 I last saw him alive on Dec 7, 1938. Death is said to have occurred on the date stated above, at 12:10 A.M.  
 The principal cause of death and related causes of importance were as follows:

Old Myocarditis  
93  
 Other contributory causes of importance: Branchial Asthma  
 Date of onset

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify (Signed) Geo. P. Tonelle, M. D.  
 (Address) 3903 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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

Registered Apprentice No....., working under my personal supervision.

Signed *W Van Matre*

Licensed Embalmer No. *2825*

P. O. Address.....

**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, above space should be left blank.**