

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30124

SEP 7 1939

State File No. _____

Registration District No. 104

Primary Registration District No. 200

Registrar's No. 1501

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9205 Althea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Elizabeth Wurst 67-5

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Reinhold Wurst 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased January 17 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>4</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frederick Schwietzer

13. Birthplace Unknown

14. Maiden name Elizabeth Devine

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Bertha Strohl

(b) Address 9205 Althea Ave.

17. (a) burial (b) Date thereof 8-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard

19. (a) AUG 23 1939 (Date received local registry) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 9205 Althea
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1939 hour 3:11 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1 - 1939
to Aug 21 1939
that I last saw her alive on Aug 21 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardium

Due to _____
Due to _____

Other conditions Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature PB Cappel (M.D. or other)
Address 3239 Larchwood Ave Date signed 8/23/39

93d1

Dr. P. R. Cappel
#237 - 2502
D.D. - 2502

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 *Jack N. Ludens*

Licensed Embalmer No. *4110*

P. O. Address *4034 Ludell, St. Jo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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

Do not use this space. X

1. PLACE OF DEATH

County St. Louis Registration District No. 704 File No. 30124
 Township..... Primary Registration District No. 2 P D Registered No. 1521-
 City..... (No.) St. Ward)

2. FULL NAME

Elizabeth Thurst

(a) Residence, No. 9205 Althea Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)

If Total time (in years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 873 1029 7 Maryland Dr. St. Louis
 Registrar CK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1939

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset

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Other contributory causes of importance

Nephritis (Chronic)

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 P. B. Cappel - M. D.

(Address) 323 1/2 Sprague Ave

