

FILED AUG 5 1940

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

26395
Do not use this space.

1. PLACE OF DEATH

- (a) County St. Louis 2 Registration District No. 7840
(b) Township St. Ferdinand 0 Primary Registration District No. 205 Registered No. 1416
(c) City St. Louis Rural (d) Street No. Powerline Drive P. 3 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 2 yrs. 3 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- 635 Sister Mary Adrica Wortmann
(a) Residence, No. St. Ferdinand T. P. R#3 St. (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 9 14

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

12. BIRTHPLACE (CITY OR TOWN) Westphalia, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Henry Wortmann

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

MOTHER 15. MAIDEN NAME Mary Antoinette Hotting

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

17. INFORMANT Sister Mary Lidwiga
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Lawn Cemetery DATE July 30, 1940

19. FUNERAL DIRECTOR Theodore Fendler
(ADDRESS) 7420

20. FILED JUL 30 1940 D.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 1938, 1938 to 7-27-40, 1940.
I last saw her alive on 7-27-40, 1940. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Date of onset 3

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation None Date of no
What test confirmed diagnosis? Exam Was there an autopsy? no

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? no
If so, specify Albert Wendt

(Signed) Albert Wendt M. D.
(Address) 53850 N. Union Blvd

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)