

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2056 McCausland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2056 McCausland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME George F. Wurtz

3. (b) If veteran, name war no 3. (c) Social Security No. 491-14-4260

20. DATE OF DEATH: Month August day 13th year 1941 hour 11 minute 30 P.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased July 31, 1869 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6th 1941 to August 13, 1941; that I last saw him alive on August 13, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 0 12 hr. min.

Immediate cause of death General Paralysis Duration 2 weeks
Due to Luetic Infection Years, Indefinite

9. Birthplace Copenhagen, Denmark (City, town, or county) (State or foreign country)

Other conditions Aphonia + Optic Neuritis (Include pregnancy within 3 months of death)

10. Usual occupation Chemist

Major findings: Of operations [Signature] Of autopsy [Signature] PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Frederick Wurtz

13. Birthplace Denmark (City, town, or county) (State or foreign country)

14. Maiden name Thora Madsen

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

16. (a) Informant Vita Wurtz

(b) Address 2056 McCausland

17. (a) Cremation (b) Date thereof 8-16-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 15 1941 (Date entered local registrar) (b) [Signature] (Registrar's signature)

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) (e) Means of injury

23. Signature Paul Vinyard (M.D. or other)

Address 3718 Olive St. St. Louis Date signed 8-14-41

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

000 17 9

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.....

J.P. Burgess

Licensed Embalmer No. *4829*

P. O. Address *Maplewood*

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, fact should be so stated above.