

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38181

State File No. ....

FILED DEC 10 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2447

96  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town West Walnut Manor  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5604 Hamilton Ave /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... None  
(Specify whether years, months or days)

In this community... Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 36

(c) City or town... Union  
(If outside city or town limits, write "RURAL") 5

(d) Street No. ....  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country... 1

3. (a) PRINT FULL NAME Emma M. Wortman

3. (b) If veteran, name war... None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife... Fred J. Wortman

6. (c) Age of husband or wife if alive... 74 years

7. Birth date of deceased February 28, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 8 24 hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Henry Niebruegge

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

14. Maiden name Emma Branenburg

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

16. (a) Informant Fred J. Wortman

(b) Address 5544 Hodiamont Ave

17. (a) Burial (b) Date thereof 11-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 24 1942 (b) C. H. Meier  
(Date received local Registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22,  
year 1942 hour 9:30 PM minute M.

21. I hereby certify that I attended the deceased from Oct 14  
1942 to Nov 22 1942  
that I last saw her alive on Nov 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Brain tumor  
Cerebral artery disease  
Due to arterio sclerosis

Duration  
3 days  
1 yr!

Due to

Other conditions  
(Include pregnancy within 3 months of death) 940

Major findings:  
Of operations

Of autopsy

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

(Specify type of place) While at work? (e) Means of injury .....

23. Signature Chas. Just (M. D. or other) D. M. D.  
Address 3500 N. Spurred Date signed 11-23-42

**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..... *Francis A Williamson*  
Licensed Embalmer No. *3565*  
P. O. Address..... *St Louis Mo*

**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.**