

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSDr FRIEDEWALD
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4931

Registrar's No.

2041

FILED MAR 15 1943

Registration District No. 318

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:
4017 pleasant ave /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether
years, months or days)3. (a) PRINT FULL NAME Johanna Wirtz3. (b) If veteran, name war..... 3. (c) Social Security No. none4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife..... Herman H. Wirtz 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased..... June 19 1849
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
93 8 8 ..hr.min.9. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Herman Oberhaus13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)14. Maiden name..... Elizabeth Schueler15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)16. (a) Informant..... Mrs. Ida Mohrman(b) Address..... 4017 pleasant Ave.17. (a) Burial (b) Date thereof..... 3/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... St. Peters Cemetery18. (a) Signature of funeral director..... Albert H. Hoppe Inc.(b) Address..... 4700 Washington Blvd19. (a) MAR 2 1943 (Date received local registrar) J. F. Friedewald (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... MO (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4017 Pleasant Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1943 hour 2 minute 30 P. M.21. I hereby certify that I attended the deceased from Jan. 1, 1940
..... 19..... to Feb. 27 1943
that I last saw h. er. alive on Feb. 24 1943
and that death occurred on the date and hour stated above.Immediate cause of death..... Degenerative Heart Disease yr.
DurationDue to..... Generalized arteriosclerosis
SenilityDue to..... 93Other conditions.....
(Include pregnancy within 3 months of death)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?..... (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..... J. F. Friedewald (M. D. or other)
Address..... 3320 N. Kings Highway Date signed 3-1-43

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

MOTHER FATHER

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 *Wilford G Burnley*
Licensed Embalmer No. *4202*

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, fact should be so stated above.