No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32675

State File No. 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2068

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. July 7, 1943 (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 106
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3933 Lincoln Avenue (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 1

3. (a) PRINT FULL NAME Benjamin Wortmann
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Sept. (Month) 10. (Day) 1878 (Year)

8. AGE: Years 65 Months 0 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Laborer (bottler)
11. Industry or business -
FATHER
12. Name Henry Wortmann
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Mary Kohne
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15/43 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul
18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Grasso Ave
19. (a) SEP 15 1943 (Date received local registrar) (b) E. G. McGarran, M.D. (Registrar's signature) 7-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th, year 1943 hour 8:18 minute A. M.
21. I hereby certify that I attended the deceased from July 7, 1943 to Sept. 12, 1943 that I last saw him alive on Sept. 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death OSTEITIS DEFORMANS WITH SARCOMA, OSTEOGENIC, LEFT FEMUR WITH METASTASES TO PELVIS AND LUNGS.	About 1 year
Due to	
Due to	
Other conditions HYPERTHYROIDISM, TOXIC. (Include pregnancy within 3 months of death)	Unknown

Major findings: Of operations No operation. 55 B
Of autopsy Autopsy performed. See cause of death.

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) no
(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? (Specify type of place)
While at work? (Specify type of place) Means of injury

23. Signature L. M. COSHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 9/13/43

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1943

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Gravois

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.