S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10899

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rural Cotton Hill Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Cook 999

(c) City or town Chicago 11
(If outside city or town limits, write "RURAL") 0

(d) Street No. 3323 West 65th St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Chester John Wirtel

3. (b) If veteran, name war --- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. (Month) 3 (Day) 1922 (Year)

8. AGE: Years 21 Months 6 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Chicago (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business ---

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Josephine Stolga
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Sgt. Carpenter, Hq. MAAF,
(b) Address Malden, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Missouri

19. (a) 4-4-44 (Date received local registrar) (b) P D Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1944 hour 2 minute 15 PM

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull. [illegible]

Due to Aircraft accident

Due to .....

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

Major findings:
Of operations ----- 17 3-8
Of autopsy ---- 34

Duration

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) Accident 0.35

(b) Date of occurrence 2 April 1944

(c) Where did injury occur? 11½ mi West of MAAF, Malden, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Country (Specify type of place)

While at work? Yes (e) Means of injury --

23. Signature C. Mallory Haswell Jr. (M. D. or other) MD
Address MAAF, Malden, Missouri Date signed 4/3/44

1288

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 444-5
Date Filed 4-4-44

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. A. Scheinman

Licensed Embalmer No. 4086

P. O. Address Malden

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.