No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14758

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 160

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 19 Lake Drive 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 19 Lake Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OTTO ERNEST WURM
3. (b) If veteran, name war ✓
3. (c) Social Security No. 490-03-1276
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Else Wurm
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug (Month) 6 (Day) 1882 (Year)

8. AGE: Years 64 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Berlin Germany (City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business St. Joseph Lead Co
FATHER
12. Name William Wurm
13. Birthplace Berlin Germany (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or country) (State or foreign country)
16. (a) Informant Else Wurm
(b) Address 19 Lake dr Bonne Terre Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Berry Bud Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 5-8-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1, 1947, to May 1, 1947, that I last saw him alive on Apr. 30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary heart disease	1/8 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy

PHYSICIAN I — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. M. Roebber (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 5/2/47

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 547-621
Date Filed 5-12-47

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre, 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.