V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33172

FILED SEP 18 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8526

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: City Sanitarium 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr 7mos 24das. (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5400 Arsenal St. (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank Wurtz
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife THERESA WURTZ
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased January (Month) 2 (Day) ~~1883~~ 1886 (Year)

8. AGE: Years 61 ~~64~~ Months 8 Days 5 If less than one day hr. min.

9. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
10. Usual occupation Mangel Cooperage Co 1
11. Industry or business
FATHER
12. Name Frank Wurtz sr
13. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth ? GAERTNER
15. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
16. (a) Informant Thelma Singler 1
(b) Address 5400 Arsenal St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director [illegible]
(b) Address 2147 E. GRAND AVE
19. (a) SEP 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1947 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 14, 1946 to Sept 7, 1947 that I last saw him alive on Sept 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho Pneumonia	2das
Dehydration, Emphysema	4das.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 6

23. Signature Paul T. Hartman (M. D. or other)
Address 5400 Arsenal St Date signed 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank G. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Fran

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.