. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33245

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2062

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: # 421 Midvale 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. # 421 Midvale Ave., 5
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME ROSALIE WIRTHLIN.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

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 January 18, 1872.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	4.	..... hr. ..... min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Voice Teacher

11. Industry or business: .....

FATHER
12. Name Louis Wirthlin.
13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Guitar.
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. A. Dewes.
(b) Address 421 Midvale Drive,

17. (a) Interrment, (b) Date thereof 9/24/47.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) 10-6-47 (b) Cecil A. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1947 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept 17, 47 ....., 19..... to ....., 19.....;
that I last saw h.or alive on Sept 21-47, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis abdomen — Duration: 2 months

Due to Carcinoma of colon

Due to 46

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

Major findings:
Of operations inoperable Ca of colon Barnes Hospital

Of autopsy .....

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 .....

23. Signature Wayne O. Sohn (M. D. or other)

Address 2739 No Stage Date signed 9-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NE 1270
12 to 5

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 H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.