No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34871

State File No. 8805

FILED OCT 23 1948

Registration District No. 318 Primary Registration District No. 1005 Registrar's No.

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

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: St. Luke,s Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2724 N. Prairie Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George H. Wortmann
3. (b) If veteran, name war
3. (c) Social Security No. 488-07-3134
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosa Wortmann
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased December (Month) 26 (Day) 1895 (Year)

8. AGE: Years 52 Months 9 Days 13 If less than one day hr. min.
9. Birthplace Ills (City, town, or county) (State or foreign country)
10. Usual occupation Wire Weaver
11. Industry or business Ludlow Saylor Wire Co
FATHER
12. Name John Wortmann
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maria Julefs
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Rosa Wortmann
(b) Address 2724 N. Prairie Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) OCT 11 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1948 hour 12. minute 0.40 A.M.
21. I hereby certify that I attended the deceased from Sep 4, 1947, to Oct 8, 1948, that I last saw him alive on Oct 8, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	2 mos
Due to myocardial infarction	1 yr ago
Due to coronary disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Julius Gunsen (M. D. or other) M.D.
Address 8 Mo Washington Date signed 10/8 48

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

3726 Washington

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.