

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11178

FILED MAR 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Pleasant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4250 Mt. Pleasant</u>	
c. LENGTH OF STAY (in this place) <u>4 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Brewster Avenue Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brewster Avenue Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Brewster Avenue Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Ernst</u> c. (Last) <u>Wirt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 10, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 9, 1876</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Clay County, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theo. Wirt</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Darréll</u>	
14. NAME OF HUSBAND OR WIFE <u>Sadie Wirt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Wirt Creve Coeur, Mo. R#1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis (Chronic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 11, 1950, to March 11, 1951, that I last saw the deceased alive on March 9, 1951, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. C. Sterling M.D. O 23b. ADDRESS 2050 North + South Rd + Down 23c. DATE SIGNED 3-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-13-1951 24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery 24d. LOCATION (City, town, or county) (State) Pattonville, Mo.

DATE REC'D BY LOCAL REG. 3-12-51 REGISTRAR'S SIGNATURE Herbert R Donke M.D. RWA 25. FUNERAL DIRECTOR'S SIGNATURE Blummann Bros. Inc. ADDRESS 2504 Woodson Rd. Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1000

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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oscoe F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 14 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.