

STANDARD CERTIFICATE OF DEATH

31944

FILED OCT 10 1951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8475

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS, MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0360</u> OR TOWN <u>ST LAIR</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. STREET ADDRESS <u>[REDACTED]</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO BAPTIST HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u>		b. (Middle) <u>MARGARET</u>		c. (Last) <u>WERTZ</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>24</u> (Year) <u>1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 29-1887</u>	
9. AGE (In years last birthday) <u>64</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>ST CHARLES MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>0</u>		13a. FATHER'S NAME <u>ALBSON HOTSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY AMANN</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM WERTZ</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NELLIE BROWN</u> ADDRESS <u>ST. LAIR MO</u>			
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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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</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. <u>Myocarditis -</u>				<u>3 days</u>	

19a. DATE OF OPERATION <u>6-19-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of cervix uterus</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
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 <u>171X</u>	

22. I hereby certify that I attended the deceased from 9-10, 1951, to 9-24, 1951, that I last saw the deceased alive on 9-23, 1951, and that death occurred at 2:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles E. Sherwin</u> (Degree or title)		23b. ADDRESS <u>3720 Washington St. St. Louis, Mo</u>		23c. DATE SIGNED <u>9-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PETERS</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>	

DATE REC'D BY LOCAL REG. <u>SEP 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kitchell Funeral Home</u> ADDRESS <u>St. Clair Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John Fetter

Licensed Embalmer No. 3880

P. O. Address.....

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.