

18728

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

EMD MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4238**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MO.		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2169	
3. NAME OF DECEASED a. (First) FLORENCE (Type or Print)		b. (Middle) ANN	
c. (Last) WURTZ		4. DATE OF DEATH (Month) (Day) (Year) 5 8 '52	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 11 1918
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME OSCAR J. REITER		13b. MOTHER'S MAIDEN NAME ANN FELLERMANN	
14. NAME OF HUSBAND OR WIFE RALPH C. WURTZ		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME RALPH C. WURTZ ADDRESS 3148 MICHIGAN	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcerative Colitis 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.	
INTERVAL BETWEEN ONSET AND DEATH 10 Years		19a. DATE OF OPERATION 5/7/52	
19b. MAJOR FINDINGS OF OPERATION Perforation of Colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5722	
22. I hereby certify that I attended the deceased from MAY 4 , 19 52 , to MAY 8 , 19 52 , that I last saw the deceased alive on MAY 8 , 19 52 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Norman P. Krontz MD		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 5/8/52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE MAY 12 1952		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kute 2906 Gravois ADDRESS	
DATE REC'D BY LOCAL REG. MAY 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD	

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Leo J. Budge

Licensed Embalmer No. *3989*

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.