

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22925

State File No. 541

No. 300
10.48

510 JUL 5 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1683

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

1. PLACE OF DEATH a. COUNTY St. Louis.			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 township) OR TOWN St. Louis CLAYTON		c. LENGTH OF STAY (in this place) DOA	CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings.		4178
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute County Hospital			d. STREET ADDRESS (If rural, give location) 5324 Gladstone Place.		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) C. c. (Last) Wirts Sr.			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 8, 1879	9. AGE (In years last birthday) 73	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Journal		11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richards Wirts		13b. MOTHER'S MAIDEN NAME Kathleen Donovan		14. NAME OF HUSBAND OR WIFE Mrs. Grace Wirts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 442-090-767	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Wirts, 5324 Gladstone Place.		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes 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 unk
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1955			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?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Herbert R. Domke Herbert R. Domke, M. D. Local Registrar			23b. ADDRESS 651 S. Brentwood, Clayton		23c. DATE SIGNED 6-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 23, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 6-21-52		REGISTRAR'S SIGNATURE Herbert R. Domke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co. 2228 St. Louis Ave.	

SW (Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 01674

P. O. Address 2223 So. Green St.

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.