

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

37726

State File No. 9775

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9775

BIRTH NO.

REG. DIST. NO.

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 or township) TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hosp.		d. STREET ADDRESS (If rural, give location) 4131 Eichelberger	
3. NAME OF DECEASED (Type or Print) a. (First) Walter J. Wurtz Sr. b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10-13-53	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 23, 1898
9. AGE (In years last birthday) 55	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operator	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? C
13a. FATHER'S NAME Richard Wurtz	13b. MOTHER'S MAIDEN NAME Della Unk	14. NAME OF HUSBAND OR WIFE Margaret Wurtz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World war I	16. SOCIAL SECURITY NO. 493-05-0354	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Wurtz 4131 Eichelberger	
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 INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ruptured aorta		DUE TO (b) Ch arterio sclerosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 45-IX	
22. I hereby certify that I attended the deceased from Oct 12, 1953, to Oct 13, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 450a m., from the causes and on the date stated above.			
23a. SIGNATURE W. H. Walters, M.D.	23b. ADDRESS 3608 S. Grand	23c. DATE SIGNED 10/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-15-53	24c. NAME OF CEMETERY OR CREMATORY National Cem.	24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.
DATE REC'D BY LOCAL REG. OCT 13 1953	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 8322 S. Grand	

(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

Louis Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *6322 As / York*

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.