

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1953

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State File No. 41422  
Registrar's No. 10281

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.<br>b. COUNTY |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>St. Louis   |  | c. LENGTH OF STAY (in this place)   | c. CITY OR TOWN<br>St. Louis   |  | d. In Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Alexian Brs. Hospital  |  |   | e. STREET ADDRESS (If rural, give location)<br>4305 Grace Ave. 21590   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>ARTHUR  |  | a. (First)  | b. (Middle)<br>E.  | c. (Last)<br>WUERZ                                   | 4. DATE OF DEATH (Month) (Day) (Year)<br>Oct. 28 1953   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married   | 8. DATE OF BIRTH<br>Dec. 3, 1899   | 9. AGE (In years last birthday)<br>53                | IF UNDER 1 YEAR<br>Months<br>Days   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Teller-First Nat'l. Bk. St. Louis, Mo.   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis, Mo.  |  | 12. CITIZEN OF WHAT COUNTRY?                         |   |
| 13a. FATHER'S NAME<br>Emil A. Wuerz   |  | 13b. MOTHER'S MAIDEN NAME<br>Mamie Hamelung   |  | 14. NAME OF HUSBAND OR WIFE<br>Loretta Maybaum Wuerz |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME<br>Loretta Maybaum Wuerz   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Carcinoma of the neck - metastatic.<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. none |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 19a. DATE OF OPERATION<br>May 28, 1952  | 19b. MAJOR FINDINGS OF OPERATION<br>Carcinoma - metastatic of neck.                                    |   |  |  | 20. AUTOPSY?<br>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)<br>St. Louis, Mo.   |  | 21f. HOW DID INJURY OCCUR?<br>1991                   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>none   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 22. I hereby certify that I attended the deceased from July 1, 1953, to Oct. 28, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.  |  |  |   |
| 23a. SIGNATURE (Degree or title)<br>William M. Koumanetsky M.D.   |  |   | 23b. ADDRESS<br>6400 Marganford Rd.  |  | 23c. DATE SIGNED<br>10-29-53  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 24b. DATE<br>Oct. 31, 1953   | 24c. NAME OF CEMETERY OR CREMATORY<br>S/S Peter & Paul Cem.   | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.  |  |   |
| DATE REC'D BY LOCAL REG.<br>OCT 29 1953   | REGISTRAR'S SIGNATURE<br>Earl Smith  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Kriegshauser 4228 S. Kingshighway Bl.  |  |   |

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

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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.....  
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228 Dering Street*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.