

STANDARD CERTIFICATE OF DEATH

State File No. **7222**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **288**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 475 Catalina	
d. FULL NAME OF HOSPITAL OR INSTITUTION 475 Catalina		e. STREET ADDRESS (If rural, give location) 475 Catalina	

3. NAME OF DECEASED (Type or Print) MINNIE MAY WURTSBAUGH			4. DATE OF DEATH (Month) (Day) (Year) 2-1-1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-28-1868		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Avoca Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert Shipp		13b. MOTHER'S MAIDEN NAME Ermina Scott		14. NAME OF HUSBAND OR WIFE Clarence Wurtsbaugh	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M.L. Sorenson 475 Catalina	

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) Arteriosclerotic myocardial failure			INTERVAL BETWEEN ONSET AND DEATH 2 years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis			4 years
		DUE TO (c) Arteriosclerotic degeneration of brain			3 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) 592X	
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?	

22. I hereby certify that I attended the deceased from Nov, 1947, to 1/31, 1954 that I last saw the deceased alive on 1/31, 1954, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl Brand MD		23b. ADDRESS Webster Groves, Mo.		23c. DATE SIGNED 2/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-2-1954		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
		24d. LOCATION (City, town, or county) (State) Irwin Iowa			

DATE REC'D BY LOCAL REG. 2-1-54		REGISTRAR'S SIGNATURE Herbert D. Parks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Aldrich 7. Home Webster Groves Mo.	
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mug (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.....

Lusie Holch

.....
Licensed Embalmer No. *4395*

P. O. Address *Adelstein Avenue*

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.