

FILED JUN 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 17566

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1114

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) Carsonville		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN St. Johns		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Penn Nursing Home				e. STREET ADDRESS (If rural, give location) 3537 Boswell				
3. NAME OF DECEASED (Type or Print) Mary Helen Wurdack			4. DATE OF DEATH May 11, 1954					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1861	9. AGE (In years last birthday) 92 yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Martin Marsh			13b. MOTHER'S MAIDEN NAME Mary Jane Mahan		14. NAME OF HUSBAND OR WIFE Ernest Wurdack			
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 Ernest Wurdack					ADDRESS 3537 Boswell St. Johns
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) Terminal Bronco pneumonia						INTERVAL BETWEEN ONSET AND DEATH Days.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) General Debility						Weeks.	
	DUE TO (c) Age - (Senility)							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ventral Hernia						years.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 491X					18. 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) m.		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 1850 to 8 May, 1954 , that I last saw the deceased alive on 7 May, 1954 , and that death occurred at 8:20 A.M. , from the cause and on the date stated above.								
23a. SIGNATURE Paul R. Whiteaker M.D.				23b. ADDRESS 8923 Midland, St. Louis 14 Mo.		23c. DATE SIGNED 12 May 54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. 5/13/54		REGISTRAR'S SIGNATURE Heckard B. Amke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander Brown		ADDRESS 6175 Delmar		

(Licensed Embalmer - Government on Reverse Side)

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

Dr. Whitney
over land in front of Midland
8973 Midland
" " 761748

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 *Joe E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 D*

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.