

STANDARD CERTIFICATE OF DEATH - MISSOURI

State File No. **21484**
Registrar's No. **5067**

Quenheim
FILED JUN 24 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N.GRAND, ST. LOUIS, MO.)		c. CITY OR TOWN WATERLOO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 19 days		e. STREET ADDRESS (If rural, give location) RFD #1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) A c. (Last) WIRTH			4. DATE OF DEATH (Month) (Day) (Year) 6-7-54		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED (Specify) MARRIED	8. DATE OF BIRTH 10-30-76	9. AGE (In years) (Month) (Day) (Year) 77	IF UNDER 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MILLSTADT, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JACOB WIRTH	13b. MOTHER'S MAIDEN NAME MARIA KEIM	14. NAME OF HUSBAND OR WIFE AGATHA WIRTH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If in service war or dates of service) YES SPAW	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO-PNEUMONIA		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DEBILITATION DUE TO (c) CARCINOMA OF THE STOMACH		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X
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22. I hereby certify that I attended the deceased from **May 19, 1954**, to **June 7, 1954**, and that death occurred at **7:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert A. Dorsey (Degree or title) M.D.	23b. ADDRESS VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 6/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-8-54	24c. NAME OF CEMETERY OR CREMATORY Waterloo	24d. LOCATION (City, town, or county) (State) Ill
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DATE REC'D BY LOCAL REG. JUN 8 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Quenheim Funeral Home	ADDRESS Veterans
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W.C. 2-1063W

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 *Bill C. Larson*

Licensed Embalmer No *476*
P. O. Address *St. Louis*

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.