

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14066

State File No.

2112

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		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) St. Louis		c. LENGTH OF STAY (in this place) 1 month		c. CITY OR TOWN 22	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.		STREET ADDRESS (If rural, give location) 3537 Boswell			

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) NMI c. (Last) Wurdack			4. DATE OF DEATH (Month) (Day) (Year) March 6, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 5, 1869		9. AGE (in years last birthday) 86 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Electrician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Vermont	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Ignatius Wurdack		13b. MOTHER'S MAIDEN NAME Matilda Zerahn		14. NAME OF HUSBAND OR WIFE Mary Helen Wurdack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-12-6607		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Paul Wurdack 3537 Boswell	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver metast.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of gall bladder		1 mos.?	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)		3 mos.?	
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 4 Mar. 55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver metastatic		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)	
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? 155X	

22. I hereby certify that I attended the deceased from **4 Mar. 1955**, to **6 Mar. 1955**, that I last saw the deceased alive on **6 Mar. 1955**, and that death occurred at **4:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Alvin Hoffner M.D.		(Degree or title)		23b. ADDRESS 3720 Washington Blvd.	
23c. DATE SIGNED 7 Mar 55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 9, 1955	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE REC'D BY LOCAL REG. MAR 7 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar Blvd.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Dr Henry Kaffner
3720 Washington
Je 3 9 782

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 *Stanley H. Dizon*

Licensed Embalmer No. *41*

P. O. Address *SL*

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.