

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24796

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1700

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> |  | c. LENGTH OF STAY (in this place) <u>5 Hrs.</u>   | c. CITY OR TOWN <u>Manchester</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>                                   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |                                   |
|  |  | e. STREET ADDRESS (If rural, give location) <u>Hanna Rd.</u>  |                                   |

|   |                       |                          |  |
|---|-----------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>George</u> | b. (Middle) <u>R.</u> | c. (Last) <u>Wortman</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 25th 1955</u> |
|---|-----------------------|--------------------------|--|

|                    |                               |   |  |   |   |   |
|--------------------|-------------------------------|---|--|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 8th 1918</u> | 9. AGE (In years last birthday) <u>36</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|--|---|---|---|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler maker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Neuter Boiler Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|--|--|---|

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|--|---|---|
| 13a. FATHER'S NAME <u>Clarence Wortman</u> | 13b. MOTHER'S MAIDEN NAME <u>Glenna Johnson</u> | 14. NAME OF HUSBAND OR WIFE <u>Gertrude Wortman</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW#2</u> | 16. SOCIAL SECURITY <u>494-03-6443</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Wortman</u> ADDRESS <u>2515 Bredell Maplewood, Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Anus + Rectum</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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 Oct 8, 1954 to 7/25, 1955, that I last saw the deceased alive on 7/21, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

|  |                                       |                                 |
|--|---------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Earl D. Brand MD</u> | 23b. ADDRESS <u>Webster Groves Mo</u> | 23c. DATE SIGNED <u>7/25/55</u> |
|--|---------------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-28-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
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|---|---|--|
| DATE REC'D BY LOCAL REG. <u>7/25/55</u> | REGISTRAR'S SIGNATURE <u>Hebert P. Donke M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE : ADDRESS <u>JAY B. SMITH, Maplewood, Mo.</u> |
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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.....  
Signature of Student Embalmer

Signed.....  
*J. Allen Davis*

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.