

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46903

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3107

1. PLACE OF DEATH a. COUNTY Rural		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) R. Koch Hospital		c. LENGTH OF STAY (in this place) 2233 days	c. CITY OR TOWN St Louis -
d. FULL NAME OF HOSPITAL OR INSTITUTION 29 R. Koch Hosp. Koch, Mo.		e. STREET ADDRESS (If rural, give location) 2470 2830a Cherokee	
3. NAME OF DECEASED (Type or Print) a. (First) Christian b. (Middle) Vernon c. (Last) Wirtel		4. DATE OF DEATH (Month) (Day) (Year) December 6 1957	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 6-18-84
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Wirtel		13b. MOTHER'S MAIDEN NAME Louise Heasivee	14. NAME OF HUSBAND OR WIFE Ina Indolter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 487-32-1621	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. Koch Hosp. Records.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor pulmonale ANTECEDENT CAUSES Arterio-sclerotic Heart Disease 6 years? Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pulmonary Tbc. 9 years Emphysema 4200A " " ?	
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) (Min)		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 July 1, 1957 to 12.6.1957, 1957, that I last saw the deceased alive on 12.6.1957, 1957 and that death occurred at 1:45 pm., from the causes and on the date stated above.			
23a. SIGNATURE Howard G. Russell, M.D.		23b. ADDRESS R. Koch Hospital	
23c. DATE SIGNED 12/6/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/10/57	
24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		24d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY MO.	
DATE REC'D BY LOCAL REG. 12-10-57		REGISTRAR'S SIGNATURE Herbert R. Donker	
25. FUNERAL DIRECTOR'S SIGNATURE M. Schumacher		ADDRESS Funeral Home, 3013 Meramec.	

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 *Jack Haupt*

Licensed Embalmer No. *7741*

P. O. Address *St. Louis, Mo.*

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.