

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016136

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 989

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Manchester 4000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		Length of stay in lb 2 wks	d. STREET ADDRESS (If outside, give location) Creve Coeur Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last George Wirth			4. DATE OF DEATH Month Day Year 4/10/59		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 12, 1894		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Farm Machinery		11. BIRTHPLACE (City and state or country) St. Louis County, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Wirth		13b. MOTHER'S MAIDEN NAME Sophia Fink	
14. NAME OF HUSBAND OR WIFE Rosie Wirth		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. 494-09-4519	
17. INFORMANT Rosie Wirth, Manchester, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 9 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Phlebothrombosis, pelvic		DUE TO (c) Carcinoma descending colon		6 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonitis.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		1532	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/5/59 to 4/10/59 and last saw him alive on 4/10/59 Death occurred at 4/10/59 at 8:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Curtis A. Meyer, M.D.			22b. ADDRESS St. Louis, Mo. 4952 Maryland Ave		22c. DATE SIGNED 4/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/13/59	23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery,		23d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.
24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.			25. DATE RECD. BY LOCAL REG. 4-11-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard M. Bopp*

Licensed Embalmer No.4584.....

P. O. Address *Ballwin, 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.