URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034510

FILED VS OCT 15 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 8 9104

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 1 month

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stone Nursing Home — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1529 Eton Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LILLIE Middle K. Last WIRTZ

4. DATE OF DEATH Month September Day 30 Year 1959

5. SEX female F

6. COLOR OR RACE white W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/30/1897

9. AGE (last birthday) 62

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY ~~home~~ Seamstress

11. BIRTHPLACE (City and state or country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Wirtz

13b. MOTHER'S MAIDEN NAME Mary Engelhardt

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 488 10 5367

17. INFORMANT Address Gertrude Orr 1529 Eton Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) adeno-carcinoma colon — 2 yrs.

DUE TO (c) 153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1956 to 9-30-59 and last saw her/him alive on 9-30-59.

Death occurred at 9 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Melvin B Kirstein MD

22b. ADDRESS 9507 Francis Pl

22c. DATE SIGNED 10-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 10/5/59

23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS Buchholz Mortuary 5967 W. Florissant

25. DATE RECD. BY LOCAL REG. OCT 5 59

26. REGISTRAR'S SIGNATURE Carl Smith. M.D. MJC.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wilfred F Buchho

Signature of Student Embalmer

Licensed Embalmer No. 455

P. O. Address St Lou

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