MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 13369

791
1003

File No.
Registered No. 3690

1. PLACE OF DEATH

County
Township
City St Louis (No. 2835 Park Ave St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Elizabeth Kuhrman

(a) Residence. No. 2835 Park St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernst Kuhrman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Trained Attendant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Phillip Becker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ger.
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ger.

14. INFORMANT Edward Kuhrman
(Address) 2835 Park

15. FILED APR 18 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 1927

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to Apr 14, 1927 that I last saw h. alive on Apr 14, 1927, and that death occurred, on the date stated above, at 6 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Chronic Parenchymatous
121 nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Richard H. Fuhrmann, M.D.
Apr 16, 1927 (Address) 4247 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Marys — DATE OF BURIAL Apr 18 1927

20. UNDERTAKER Frost Und Co — ADDRESS 3710 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD