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

Do not use this space.

6738

**1. PLACE OF DEATH**

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. 4021 Lafayette Ave St. ..... Ward)

File No. ..... Registered No. 1690

**2. FULL NAME** Emma Lucinda Kurtz

(a) Residence. No. 4021 Lafayette Av. 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jacob S. Kurtz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 15 1884

7. AGE: Years 43 Months 0 Days 29 If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Milwaukee
(STATE OR COUNTRY): Wisc.

PARENTS

10. NAME OF FATHER: Ignatz Boehm

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Milwaukee
(STATE OR COUNTRY): Wisc.

12. MAIDEN NAME OF MOTHER: Martha V. Weigenfind

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): New York

14. INFORMANT: Jacob S. Kurtz
(Address): 4021 Lafayette Ave

15. FILED SEP 15 1928 Harry Starkoff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from January 21, 1928, to Feb. 13th, 1928, that I last saw her alive on Feb. 13th, 1928, and that death occurred, on the date stated above, at 6-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
DH
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? not. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C. F. Ahlen, M. D.
Feb. 15, 1928 (Address) 802 Metropolitan Bldg.

*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: Missouri Crematory — DATE OF BURIAL: 2-17-1928

20. UNDERTAKER: Witt Bros Lth Co — ADDRESS: 2929 So Jefferson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD