LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

37654

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10741

City St Louis Mo (No. 4929 Harney St. ..... Ward)

2. FULL NAME Otto Kurtzeborn

(a) Residence. No. 4929 Harney St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Kurtzeborn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	4	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day laborer
(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) St Louis Mo

PARENTS

10. NAME OF FATHER Wm Kurtzeborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Kate Burbaus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Francis Kurtzeborn
(Address) 4929 Harney Av

15. FILED [illegible] 19[illegible] Max C Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12th 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 11th, 1930, to Nov. 12, 1930 that I last saw him alive on Nov. 12, 1930 and that death occurred, on the date stated above, at 3 P. 05 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Pancreas.

..... (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yrs DATE OF About Sept 15, 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation

(Signed) Roland R. Menown, M. D.

11/13, 1930 (Address) 5330 Geraldine Av

*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	DATE OF BURIAL
Valhalla Crematory	Nov 15 1930
20. UNDERTAKER	ADDRESS 7819
Wendler Mich. Co	Mich. Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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CERTIFICATE OF DEATH

1. PLACE OF DEATH

County.................................. Registration District No.................................. File No..................................

Township.................................. Primary Registration District No.................................. Registered No..................................

City.................................. (No.................................., ...St. ....Ward)

2. FULL NAME..................................

(a) Residence. No...................................St., ...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	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 19
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	17. I HEREBY CERTIFY, That I attended deceased from.................................., 19......., to.................................., 19........ that I last saw h.......... alive on.................................., 19......., and that death occurred, on the date stated above, at..................................m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE — YEARS / MONTHS / DAYS / If LESS than 1 day, ...hrs. or ....min.	....
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.................................. (b) General nature of industry, business, or establishment in which employed (or employer).................................. (c) Name of employer	.... (duration) ....yrs. ....mos. ....ds. CONTRIBUTORY (SECONDARY).................................. .... (duration) ....yrs. ....mos. ....ds.
9. BIRTHPLACE (CITY OR TOWN).................................. (STATE OR COUNTRY)	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH..................................
PARENTS — 10. NAME OF FATHER	DID AN OPERATION PRECEDE DEATH?.......... DATE OF..................................
11. BIRTHPLACE OF FATHER (CITY OR TOWN).................................. (STATE OR COUNTRY)	WAS THERE AN AUTOPSY? .... WHAT TEST CONFIRMED DIAGNOSIS? ....
12. MAIDEN NAME OF MOTHER	(Signed).................................., M. D. , 19 (Address)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .... (STATE OR COUNTRY)	*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.
14. INFORMANT.................................. (Address)	19. PLACE OF BURIAL, CREMATION, OR REMOVAL / DATE OF BURIAL 19
15. FILED.................., 19.......... .... REGISTRAR	20. UNDERTAKER / ADDRESS

...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.