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.

MAY 24 1934

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

Do not use this space.

6349

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6[illegible] — Registered No. 38
City [illegible] (No. Mother Of Good Counsel Home St. Ward)

2. FULL NAME Regina Kurgas
(a) Residence, No. 5526 Goethe Avenue St., Ward.
(Usual place of abode) St. Louis, Mo. (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: Famale
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: Adolph Kurgas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 21, 1868

7. AGE: YEARS 65 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: (Unknown) Weber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: (Unknown) Yungblood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Adolph Kurgas, 5526 Goethe Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter & Paul DATE Feb. 16th, 1934

19. UNDERTAKER (ADDRESS): Wick Brothers, 2201 S. Grand Boulevard

20. FILED 2-14-1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11th, 1934 to Feb. 15th, 1934
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chr. myocarditis, chr. endocarditis, Chr. generalized arterio sclerosis,
These conditions all existed when she entered home of incurables.

Date of onset

Other contributory causes of importance:
Gen. Anasarca with uremia

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Luke B. Turnon, M. D.
(Address) 3718 Jennings, Mo.

3718 Jennings Rd.