

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

Do not use this space.

31211

1. PLACE OF DEATH **SEP 13 1934**

County.....

Registration District No. **791**

File No.....

Township.....

Primary Registration District No. **1003**

Registered No. **8511**

City **St. Louis, Mo.** (No. ....) St. .... Ward)

**Infirmery**

2. FULL NAME **Oscar Kurring**

(a) Residence, No. **City Infirmery** St., **13** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **65** yrs. mos. **21** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lizzie Kermode (Deceased)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July, 29th. 1869.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>65</b>	<b>0</b>	<b>22</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nightwatchman**

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) **St. Louis** (STATE OR COUNTRY) **Missouri.**

FATHER 13. NAME **Chas. Kurring**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary Hagner**

16. BIRTHPLACE (CITY OR TOWN) **Switzerland** (STATE OR COUNTRY)

17. INFORMANT **J. Jordan** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Paul** DATE **Aug 22 1934**

19. UNDERTAKER **Wachery, Helderle** (ADDRESS) **2331 S. Broadway**

20. FILED **J. Bredt** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-20-1934**

22. I HEREBY CERTIFY, That I attended deceased from **3-29 1934**, to **8-20-1934**

I last saw him alive on **8-20-1934** Death is said to have occurred on the date stated above, at **4:00 A.M.**

The principal cause of death and related causes of importance were as follows:

**Chr. Cardio-renal-vascular disease.** Date of onset **3/29/34**

**1078 562**  
Other contributory causes of importance:  
**Hypostatic pneumonia 5/18/34**  
**Bronchial**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **No**

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? **No**  
If so, specify.....

(Signed) **Marvin J. Haul, Jr., M.D.**  
(Address) **5600 Arsenal St.**

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.

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