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.

APR 11 1936

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

Do not use this space.

12387

File No.

Registered No. 2346

791

Registration District No. 1008

Primary Registration District No.

1. PLACE OF DEATH

County: St. Louis

Township:

City: St. Louis (No. City Hospital St.) Ward: 12460

2. FULL NAME Reginald Hurst

(a) Residence, No. 6204 Michigan St., Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Hurst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 17, 1866

7. AGE: Years 69 | Months 3 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

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): Illinois

FATHER

13. NAME: J. T. Hurst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Clarissa Dooley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. Hurst / City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE March 4, 1936

19. UNDERTAKER (ADDRESS): A. W. McLaughlin / 2301 Lafayette

20. FILED MAR 3 1936 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/1/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1936 to 3/1/36, 19..., I last saw him alive on 3/1, 1936, Death is said to have occurred on the date stated above, at 1 p.m.

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

Carcinoma of the hepatic duct and liver — Date of onset

Other contributory causes of importance: Jaundice

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) Geo. J. Seibold, M. D.

(Address) City Hospital