AUG 18 1936

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

Do not use this space.

28770

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. Barnes Hospital St. ..... Ward)

File No. 7536

Registered No. .....

2. FULL NAME John De Smet Hurck

(a) Residence, No. 5950 Hamilton Terrace St., N R Ward. Chautauqua, Ill.
(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: Male

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 Maud D. Hurck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1871

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	8	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hurck Motor and Cycle Co.

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 Peter J. Hurck

14. BIRTHPLACE (CITY OR TOWN) Belgium (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Marie Fleming

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Maud D. Hurck (ADDRESS) 5950 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 18, 36

19. UNDERTAKER Shepard Funeral Home (ADDRESS) 1167 Hamilton Avenue

20. FILED JUL 17 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to July 16, 1936

I last saw him alive on July 16, 1936. Death is said to have occurred on the date stated above, at 10 45 a.m.

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

	Date of onset
Empyema, right &	6-25-36
Adhesions of Pleura	
Cardiac Failure	7-16-36

Other contributory causes of importance:

Cerebral Hemorrhage, old	1932

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) John W. Seddon, M. D.

(Address) Barnes Hospital

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

1 X7044

Shepard