

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 6434, Alabama) 2

File No. 3664
Registered No. 699
St. Ward)

2. FULL NAME

(a) Residence, No. 6434 Alabama St. 1 Ward. 1
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Kurtz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-7-1861</u>		
7. AGE	YEARS	MONTHS
	<u>15</u>	<u>7</u>
		DAYS
		<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than day, hrs. or min.
<u>none</u>		<u>262</u>
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.....

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>
	13. NAME <u>Christ Homerschmidt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>
	15. MAIDEN NAME <u>Christine Hegel</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>
	17. INFORMANT <u>Mrs. B. Gund</u> (ADDRESS) <u>6434 Alabama</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mo. Crematory</u> DATE <u>1-16-1937</u>	
19. UNDERTAKER <u>Southern Funeral Home</u> (ADDRESS) <u>6322 9th St.</u>	
20. FILED <u>18 1003</u>	19. <u>J. Bredeck</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1937

22. I HEREBY CERTIFY that I attended deceased from Jan 1 1936 to Jan 14 1937
I last saw him alive on Jan 14 1937 Death is said to have occurred on the date stated above, at 1937 a.m.
The principal cause of death and related causes of importance were as follows:
hypostatic pneumonia Date of onset 2nd
obscure spot, malignant
umbilical hernia ?
Other contributory causes of importance:
Arterio-sclerosis 100 ?

Name of operation None Date of Jan 14 1937
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 None
(Signed) M. Nagelbach M. D.
(Address) 4738 Beranos Av.

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.

96
399
7

