CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SEP 25 1937

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

31898

1. PLACE OF DEATH
County St Louis
Township ~~Jefferson~~
City Richmond Heights (No. St. Mary's Hospital St. Ward)

Registration District No. 1170
Primary Registration District No. 6248-H.

File No.
Registered No. 181

2. FULL NAME Rev. Peter Kurtenbach
(a) Residence, No. Orallon Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1869
7. AGE 14 YEARS 68 MONTHS 1 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest
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 John Kurtenbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Diebenbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Emma Hoffmann Orallon Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Orallon Mo. DATE Aug. 25 1937

19. UNDERTAKER (ADDRESS) E. A. Keithly Orallon Mo

20. FILED Aug. 24 1937. Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/10 1937, to 8/21 1937
I last saw him alive on 8/21 1937 Death is said to have occurred on the date stated above, at 1145 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 8/19

Other contributory causes of importance: Prostatic Hyp. Coronary Disease

Name of operation Suprapubic Cystotomy Date of
What test confirmed diagnosis? Clinical 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) James P. Wade, M.D.
(Address) 1004 Mo Theatre Bldg