

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 10 1938

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

43047  
Do not use this space.

791 1/2  
1003

Registered No. 11297

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Mo. (d) Street No. 2335 Louisiana Ave. St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lena Kurrus

(a) Residence, No. 2335 Louisiana Ave. St. 17 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kurrus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
67 10 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) .....  
 11. Total time (years) spent in this occupation. 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER 13. NAME William Happel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Christina Kuehn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Helen Lawrence  
 (ADDRESS) 2335 Louisiana Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Prsk DATE Dec 9 19 38

19. FUNERAL DIRECTOR Thos. Kuitis  
 (ADDRESS) 2906 Gravois Ave.

20. FILED DEC 8 1937 J. Bredeck  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1937, to Dec 6 1937  
 I last saw her alive on Dec 4 1937. Death is said to have occurred on the date stated above, at 7:00 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Proliferation Date of onset 7  
 Other contributory causes of importance: 1/21

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Urinalysis 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? Yes  
 If so, specify .....  
 (Signed) Frank J. ... M. D.  
 (Address) 3912 1/2 Grand 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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**STATEMENT BY LICENSED EMBALMER**

I, THOS. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS

L. E. 1619

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Thos Kutis*

Licensed Embalmer No. 1619

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**