

REC'D JUN 9 1938

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

16739

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. **4600**  
 (c) City St. Louis, Mo. (d) Street No. 5217 Lansdowne 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 Mrs. Alma Shurig  
 (a) Residence, No. 5217 Lansdowne St. 14  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edwin C. Shurig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 9 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household  
 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

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

FATHER 13. NAME Henry Kalbfleisch  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Carolina Stein  
 16. BIRTHPLACE (CITY OR TOWN) St. Louis,  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. Edwin C. Shurig  
 (ADDRESS) 5217 Lansdowne

18. BURIAL, CREMATION, OR REMOVAL PLACE Summit Burial Park DATE May 20, 1938

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc.  
 (ADDRESS) 1936 St. Louis

20. FILED MAY 20 1938 J. F. Budek  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21<sup>st</sup>, 1935, to May 18<sup>th</sup>, 1938  
 (last seen alive on May 12<sup>th</sup>, 1938. Death is said to have occurred on the date stated above, at 3:00 A.M.

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

Date of onset

Pulmonary Thrombosis 5/18/38  
54

Other contributory causes of importance:

Hypertension Arterio Sclerotic 2/21/35  
Diabetes Mellitus

Name of operation..... Date of.....

What test confirmed diagnosis Phys findings Was there an autopsy? kw

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? kw

If so, specify.....

(Signed) August S. Neumann, M. D.(Address) 4660 Maryland Ave

4660 Maryland

1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Delis J. Krupin*

Licensed Embalmer No.

3497

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.