

24

REC'D JUL 12 1938

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

20604
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City Saint Louis, Missouri.
(e) Length of residence in city or town where death occurred

Registration District No. 791
Primary Registration District No. 1008
(d) Street No. 1906 Wyoming St.

Registered No. 5743

2. PRINT FULL NAME

Joseph F. Kurman,
(a) Residence, No. 1906 Wyoming Street. St. 24

(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 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 Catherine Kurman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9th, 1874.

7. AGE YEARS 64 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
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) Saint Louis, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Conrad Kyrman

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Catherine Kurman (ADDRESS) 1906 Wyoming Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Peter & Paul DATE June 25th, 1938

19. FUNERAL DIRECTOR Jegenheim Bros. (ADDRESS) 2623 Cherokee Street.

20. FILED JUN 25 1938 J. F. Bradley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 12:10 A.M.

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

Coronary Occlusion.
Arterio Sclerosis;
Cardiac Hypertrophy;

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) Joseph M. Quinn M.D.
(Address) deputy coroner

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

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.

STATEMENT BY LICENSED EMBALMER

I, Vearl E. Morris., Licensed Embalmer No. 3360

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

V E Morris

Licensed Embalmer No. 3360.

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.)