

JUN 27 1938

REC'D JUL 7 1938

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

22907  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis, Registration District No. 784  
(b) Township Deshonne, Primary Registration District No. 200  
(c) City Manchester (d) Street No. near Parter Rd. & Highway #50. Registered No. 1093  
(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. states

2. PRINT FULL NAME Leo Kurta, 632 Social Security Card  
(a) Residence, No. 1735 Humboldt St. (If no residence, give city, town, and State)  
(Usual place of abode, if no street address, write county or city) Denver, Colo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 50 Unknown  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown,  
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) (STATE OR COUNTRY) Unknown  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT (ADDRESS) From papers found in wallet on deceased's person  
18. BURIAL, CREMATION, OR OTHER Cremated  
City of Springfield, Mo. DATE 6/27/38  
19. FUNERAL DIRECTOR (ADDRESS) St. Charles Funeral Home  
Ballwin, Mo.  
20. FILED JUN 27 1938 Ed Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) about Jun 28  
22. I HEREBY CERTIFY, That I attended deceased from 1938, 19... to... 19...  
I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... ? m.  
The principal cause of death and related causes of importance were as follows:  
Suicide by hanging from a tree.  
165 about 6/22/38  
Other contributory causes of importance:  
Name of operation... Date of...  
What test confirmed diagnosis... physical signs... Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide... suicide... Date of injury... about 6/22  
Where did injury occur? near Manchester, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Public place  
Manner of injury... Hanging from neck from tree  
Nature of injury... Strangulation... limb.  
24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify John O. Conell M. D.  
Coroner of St. Louis County.

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, Max, Licensed Embalmer No. ....

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 Max

.....  
Licensed Embalmer No. ....

**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.)**