

REC'D SFP, 26 1938

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

**29759**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Pike Registration District No. 688  
 (b) Township Peno Primary Registration District No. 5-916 Registered No. 14  
 (c) City Frankford (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 65 mos. da.

**2. PRINT FULL NAME** Marie Louise Kurzs 620

(a) Residence, No. \_\_\_\_\_ St.  (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Kurzs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5-14 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hra. or ..... min.  
87 2 8

OCCUPATION 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Kirtorf Germany (STATE OR COUNTRY)

FATHER 13. NAME Henry Breuer

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

MOTHER 15. MAIDEN NAME Elizabeth Litzner

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

17. INFORMANT Mrs Warren Wright (ADDRESS) Frankford

18. BURIAL, CREMATION, OR REMOVAL PLACE Peno Cemetery DATE August 14, 1938

19. FUNERAL DIRECTOR (NAME) Fields & Son (ADDRESS) Frankford

20. FILED Aug 15, 1938 Mattie Unsell Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1938, to Aug 13, 1938  
 I last saw h. alive on Aug 13, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Leostros enteritis

Date of onset

Other contributory causes of importance: 12-13

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) O. B. Bridges, M. D.

(Address) Frankford Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-144a

Date Filed 9-15-38

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,

J. B. Sterne

or by

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

Signed

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana MO

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.