DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23894

Registration District No. 791 | Primary Registration District No. | Registrar's No. 6167

1. PLACE OF DEATH: 1003
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Branscome Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 411 E. Big Bend
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William F. Kuerz Sr. 620
3. (b) If veteran, name war no
3. (c) Social Security No. unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma E. Kuerz
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June (Month) 20 (Day) 1887 (Year)
8. AGE: Years 52 | Months 0 | Days 29 | If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Maintainance work
11. Industry or business Hotel 6
MOTHER FATHER
12. Name Frank Kuerz 6
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Elizabeth Wolf
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant's own signature Alma Kuerz
(b) Address 411 E Big Bend Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.
19. (a) JUL 12 1939 (Date received by local registrar) (b) P. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1939 hour 2:17 minute P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Aortitis; Coronary Sclerosis; Pericarditis; (Duration)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph M. Lucas (M. D. or other)
Address Deputy Coroner Date signed 7/12

(Licensed Embalmer's Statement on Reverse Side)

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.

USE WRITING BLACK INK—MAKE A PERMANENT RECORD

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

Signed Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Merame

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

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