DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 448

Registration District No. 201 Primary Registration District No. Registrar's No. 448

1. PLACE OF DEATH: 1003 FILED FEB 17 1940

(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: 5628 Neosho Ave. 2 (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

(c) City or town St. Louis 14 (If outside city or town limits, write "RURAL")

(d) Street No. 5628 Neosho Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martin Kurz 8 20

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Rosina Kurz

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 9 (Day) 1861 (Year)

8. AGE: Years 78 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Baden (City, town, or county) Germany (State or foreign country)

10. Usual occupation Real estate operator 6

11. Industry or business retired 10 Years 6

FATHER
12. Name Unknown Kurz 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs. Ida Meisemann

(b) Address 5628 Neosho Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JAN 16 1940 (Date received local registrar) (b) J. F. Bradlick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th year 1940 hour 6 30 minute P.M. M.

21. I hereby certify that I attended the deceased from 1/10/40, 19, to 1-14-40, 19; that I last saw him alive on 1-14-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 2½ yr.

Due to Coronary thrombosis (4 days)

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

Duration

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? no (e) Means of injury

23. Signature D. C. Pfeifer (M. D.)

Address 4523 S Kingshighway Date signed 1/15/40

(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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

Dr. Pfeifer

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 Edwin N. McDermott

Licensed Embalmer No. 3028

P. O. Address.....

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.