DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 451

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 451

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: 4059 Lafayette 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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4059 Lafayette
(If rural, give location)

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

3. (a) PRINT FULL NAME Wallie M. Kurz 620

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September (Month) 22 (Day) 1903 (Year)

8. AGE: Years 36 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Highland (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Advertising salesman 1

11. Industry or business _____

FATHER
12. Name Carl T. Kurz 6
13. Birthplace _____ (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Emma Thurnau 1
15. Birthplace Marine (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Jennie R. Kurz
(b) Address Carlinville, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Marine, Ill.

18. (a) Signature of funeral director Schumacher Ord Co
(b) Address 3013 Meramec

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day ~~14~~ 15 year 1940 hour ~~[illegible]~~ 1 minute 00 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.

	Duration
Immediate cause of death Coronary Occlusion Arteriosclerosis	
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 Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 1.16.40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

X19511

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 George N. Archambault, Registered Apprentice No. ——, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Nusmeg

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.