

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **8761**  
 Registrar's No. **2244**

Registration District No. **791** Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lutheran Home 4359 Taft Ave. **3**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Anna Kurka  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** none

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widow  
**6. (b) Name of husband or wife** Charles Kurka **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** December 14 1854  
(Month) (Day) (Year)

**8. AGE:** Years 85 Months 2 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)

**10. Usual occupation** nil

**11. Industry or business** \_\_\_\_\_  
**12. Name** Unk Jurgeleit **13. Birthplace** Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Unk **15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant** E. J. Schnur  
**(b) Address** 3125 Lafayette

**17. (a) Burial** **(b) Date thereof** 3/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** New Pickers Cemetery

**18. (e) Signature of funeral director** E. J. Schnur  
**(b) Address** E. J. Schnur 3125 Lafayette

**19. (a) (Date received local registrar)** MAR 6 1940 **(b) Signature** J. P. [Signature]

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1805 Michigan  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month March day 5  
 year 1940 hour 3:45 minute A M.

**21. I hereby certify that I attended the deceased from** Jan 10 1940 to March 4 1940  
 that I last saw her alive on March 4 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Arteriosclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

While at work \_\_\_\_\_  
(Specify type of place) (Means of injury)  
**23. Signature** [Signature] **(M.D. or other)** \_\_\_\_\_  
 Address 3157 1/2 Parkway Date signed 3/6/40

**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

*Just Vollmer*

Licensed Embalmer No.

*4014*

P. O. Address

*3125 Lafayette Ave*

**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.**