

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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:  
3158 Keokuk  
 (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 Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3158 Keokuk  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James F. Hurst 623

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 716-01-9519

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Hurst 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. 14 1876  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation Rail Road Clerk

11. Industry or business Pennsylvania R.R.

12. Name Elijah E. Hurst

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

14. Maiden name Sarah Fahner

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

16. (a) Informant Josephine Hurst

(b) Address # 3158 Keokuk

17. (a) Burial (b) Date thereof 5-1-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director H. Schumacher

(b) Address 3013 Meramec St.

19. (a) APR 30 1940 (b) J. P. Budick  
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28th.  
 year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 15<sup>th</sup> 1940 to April 28<sup>th</sup> 1940  
 that I last saw him alive on April 28<sup>th</sup> 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 13 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Chas W Jungk (M. D. or other) \_\_\_\_\_  
 Address 2278 S Jefferson Date signed 4-29-40

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

3-60

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 J. Rochow

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Clarence Rochow*

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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.