

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8745

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

NOV 16 1940

1. PLACE OF DEATH: St. Louis, Mo.
 (a) County.....
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2mo. 22days 1
 (Specify whether
 In this community 69 years
 years, months or days)

3. (a) PRINT FULL NAME: JULIUS HURTER
 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: Emma Hurter
 6. (c) Age of husband or wife if alive: 66 years
 7. Birth date of deceased: Dec. 9, 1870
 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 11 If less than one day hr. min.

9. Birthplace: St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation: Wood pattern maker 7

11. Industry or business: 7

12. Name: Joseph Hurter 7

13. Birthplace: Unknown Switzerland
 (City, town, or county) (State or foreign country)

14. Maiden name: Catherine Schneider

15. Birthplace: Unknown Switzerland
 (City, town, or county) (State or foreign country)

16. (a) Informant: L. Legendary

(b) Address: 5400 Maple St.

17. (a) CREMATION (b) Date thereof: 10/24/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MO. CREMATOR

18. (a) Signature of funeral director: Weick Bros and Co
 (b) Address: 2201 S Grand Blvd.

19. (a) OCT 23 1940 (b) J. F. Custer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County.....
 (c) City or town: St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 900-a Geyer Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 20
 year 1940 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 7-29-40, 19____, to 10-20-40, 19____;
 that I last saw him alive on 10-20-40, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral Hemorrhage - Intraventricular hemorrhage (onset 10-20-40)
 Due to Hypertensive Cardio Vascular Disease (onset 7-29-40x)
 Due to Generalized Arteriosclerosis (onset 7-29-40x)

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations: _____
 Of autopsy: Yes. 957
 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? _____ (c) Means of injury: _____
 23. Signature: N. J. Buehler (M. D. or other) M-D
 Address: City Sanitarium Date signed 10-21-40

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.....

Doug Stewart

Licensed Embalmer No..... 3722

P. O. Address..... 412 Duchouquette 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, fact should be so stated above.