

No. 2
1-10-39
17-30-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1940

7911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40375

State File No.

Registrar's No. 10146

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT William Hurst
FULL NAME

8. (b) If veteran, name war _____
3. (c) Social Security No. 488-09-1737

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

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 29 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Book-Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Hurst

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

14. Maiden name Pauline Armbruster

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

16. (a) Informant Clara Hurst
(b) Address 2229 Alberta St.

17. (a) Burial (b) Date thereof Dec. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director A. N. Keppen Linc. & Und. Co.
(b) Address 2842 Veramec St.

19. (a) DEC 10 1940 (b) J. F. Bredbeck
(Date received at registrar's office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 2229 Alberta St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9,
year 1940 hour 5:20 minute _____ A. _____ M.

21. I hereby certify that I attended the deceased from December 7, 19 40, to December 9, 19 40, that I last saw h. in alive on December 9, 19 40, and that death occurred on the date and hour stated above.

Immediate cause of death
Embolic stroke
Cerebrovascular thrombosis

Due to _____

Due to _____

Other conditions Psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. V. Mulligan (M.D. or dentist)
Address 1515 Lafayette Ave. Date signed 12/9/40

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.....

Joseph S. Benz

Registered Apprentice No. 187

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.

P. O. Address.....St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.