

Registration District No. **791**

Primary Registration District No. **1003**

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

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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:  
3652 MeRee Ave  
(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 St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3652 MeRee Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Hurter

3. (b) If veteran, name war None  
3. (c) Social Security No. 489-10-2882

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

6. (b) Name of husband or wife Clara Hurter  
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 14 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Mechanical Engineer

11. Industry or business Fulton Iron Works

12. Name Julius Hurter  
13. Birthplace Switzerland  
(State or foreign country)

14. Maiden name Emma Burgholtz  
15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Hurter  
(b) Address 3652 MeRee Ave

17. (a) Burial (b) Date thereof April 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) APR 23 1941 (b) J. W. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day April 1941  
year 1941 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from March 4 1941 to April 23 1941  
that I last saw him alive on April 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to arteriosclerosis

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

Major findings: Of operations [Signature]  
Of autopsy [Signature]

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) NO  
(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) (b) Means of injury \_\_\_\_\_  
23. Signature Joseph E. Carney (M. D. or other) [Signature]  
Address 1525 Finck Bldg Date signed 4-23-41

*Dr. J. E. Conway*  
*Inscribed*

*Pa-0198*

**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 *Frank D. Owen*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis Mo*

**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.**