

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1903

State File No. **20424**  
Registrar's No. **5236**

Registration District No. **791** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **St Louis, Mo.**  
(b) City or town **St Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **BARNES HOSPITAL**  
(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 **Harold Henry Kurtz**  
3. (b) If veteran, name war **✓**  
3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **Lydia Kurtz**  
6. (c) Age of husband or wife if alive **33** years  
7. Birth date of deceased **Jan 11 1907**  
(Month) (Day) (Year)

8. AGE: Years **34** Months **5** Days **13**  
If less than one day \_\_\_\_\_ min.

9. Birthplace **Near Okawville, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **General Farm**

MOTHER FATHER  
12. Name **Louis Kurtz**  
13. Birthplace **Near Okawville, Ill**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emma, Tennessee**  
15. Birthplace **Okawville, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Kurtz**  
(b) Address **Nashville, Tenn**

17. (a) **Burial** (b) Date thereof **June 27, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Olive Branch Cemetery Nashville, Tennessee**

18. (a) Signature of funeral director **MAN**  
(b) Address **Nashville, Tenn**  
19. (a) **JUN 25 1941** (b) **J. J. Redick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ILLINOIS** (b) County **998**  
(c) City or town **OKAWVILLE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **RR 1**  
(If rural, give location)  
(e) Citizen of foreign country? **2** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**  
year **1941** hour **6:30** minute **A** M.  
21. I hereby certify that I attended the deceased from **May 12** 19**41** to **June 24** 19**41**  
that I last saw him alive on **June 24** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to **Generalized Peritonitis**  
**Perforation of intestine**  
**cause unknown**

Due to \_\_\_\_\_  
Other conditions **Bilateral suppurative Abscesses**  
(Include pregnancy within 3 months of death)  
**Caused by generalized peritonitis**  
Major findings: **Inflammation in abd cavity**  
Of operations **caused by perforation of intestine**  
Of autopsy **as above**  
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 **0**  
23. Signature **Missouri** (M. D. or other)  
Address **BARNES HOSPITAL** Date signed **6-24-41**

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

**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 Ludwig*  
Licensed Embalmer No. *2504*  
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.**