

Registration District No. **791**

Primary Registration District No. **1003**

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 **23 Days**
(Specify whether _____)

In this community _____
years, months or days) **0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Colorado** County _____ **999**
25

(c) City or town **Colorado Springs**
(If outside city or town limits, write "RURAL") **NR**

(d) Street No. **Printers Home**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Alpheus J. Hurst**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **unknown**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **Annie Fowler Hurst**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Nov., 28, 1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	8	14	hr. _____ min. _____

9. Birthplace: **Cleburne Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Printer**

11. Industry or business: **Type Graphical**

12. Name: **Alpheus Augustus Hurst**

13. Birthplace: **Talladega Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary Ann Tolleson**

15. Birthplace: **Calhoun Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Fowler Hurst**

(b) Address: **Atlanta Georgia**

17. (a) Removal (b) Date thereof **8/14/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Edwardsville, Ala.**

18. (a) Signature of funeral director: **Robert J. Ambruster**

(b) Address: **Clayton Rd. at Concordia Lane**

19. (a) AUG 14 1941 (b) **J. N. Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12**, year **1941** hour **8:00** minute _____ A. M.

21. I hereby certify that I attended the deceased from **July 20**, 19 **41** to **August 12**, 19 **41** that I last saw him alive on **August 12**, 19 **41** and that death occurred on the date and hour stated above.

Immediate cause of death **Paralytic agibans**

Due to **Encephalomyelitis disseminata**

Due to **Arteriosclerosis generalis**

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

Major findings: Of operations _____

Of autopsy **Arteriosclerosis**

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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. No. **872741**)
Address **1515 Lafayette Ave.** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Edward J. Backhaus*

Licensed Embalmer No. *2502*

P. O. Address *Clayton 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.