V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36761

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8991

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4442a Enright 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 50 years (years, months or days)

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. 4442a Enright Av (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Kathrine G. Hurley

3. (b) If veteran, name war —

3. (c) Social Security No. Unknown

4. Sex Fem 3

5. Color or race Cold

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
abt	75	—	—	— hr. min.

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

10. Usual occupation School Teacher

11. Industry or business Crow School

FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Clara L Eaton

(b) Address 4442A Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Lawton

19. (a) NOV 13 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Oct 26, 1941, to 11/10, 1941 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address 822a N. Jefferson Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis.

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, above space should be left blank.