S. No. 2
M—1-4-41
v. 5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25982

FILED SEP 1 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7034

1. PLACE OF DEATH:

(a) County

(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: St Anthony Hospital 0 (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) In this community 14 Days. in Hospital

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17/6

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 9/6

(d) Street No. 3912 Wyoming St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALMA A. KURZ.

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife Francis J. Kurz 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept 2nd 1892 (Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home.

MOTHER FATHER

12. Name Henry Lechner

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

14. Maiden name Marie Schumaker

15. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Francis J Kurz

(b) Address 3912 Wyoming St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24. 42 (Month) (Day) (Year)

(c) Place: burial or cremation St Marcus Cem.

18. (a) Signature of funeral director Thos Curtis & Son

(b) Address 2906 Gravois Ave.

19. (a) AUG 27 1942 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1942 hour 8 45 A.M. minute M.

21. I hereby certify that I attended the deceased from Aug 8 1942 to Aug 30 1942 that I last saw her alive on Aug 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration

Due to Acute Pyelonephritis

Due to Nephritis Multiple perforating tank

Due to Chronic Endocarditis

Calcification mitral & aortic valves

Other conditions (Include pregnancy within 3 months of death) Acute Nephritis

Major findings: Of operations Tooth Chronic Nephritis

Of autopsy above findings

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 0

23. Signature Martin J Sexer (M. D. or coroner)

Address 506 Olive Date signed 8/21/42

844 (Licensed Embalmer's Statement on Reverse Side)

Dr Glasser
506 Olive.
Ch 5025
3550 Hawth. La 2721.
1-P.

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed David Van Forsen.

Licensed Embalmer No. 4242.

P. O. Address 2906 Gravoia

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.