

FILED NOV 6 1942

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 2124

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town MANCHESTER Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESTER NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County NIL
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4242 1/2 ATHLONE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GURNEY ESTHER SCHURR

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RUDOLPH SCHURR 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased FEB 5 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 5 If less than one day hr. min.

9. Birthplace ST LOUIS Mo
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name GEORGE REINHARDT
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name EMILIA WARD
15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant RUDOLPH SCHURR
(b) Address 3125 N TAYLOR AVE ST LOUIS

17. (a) BURIAL (b) Date thereof 10-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FRIENDS CEMETERY

18. (a) Signature of funeral director Mittling Undertaker

(b) Address Webster Sprng Mo

19. (a) OCT 13 1942 (b) C. J. Mc Dermott
(Date received local health certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
year 1942 hour 2 minute 40 A M.
21. I hereby certify that I attended the deceased from 9-11 1942 to 10-10 1942
that I last saw him alive on 10-6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Pt. had attempted suicide & suffered two broken ankles in June 1942
Due to when jumping from window probably not contributory
Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Duration ?

Major findings: Of operations 93d
Of autopsy

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 _____
23. Signature C. J. Mc Dermott (M. D. or other)
Address Drive Cam, Mo Date signed 10-14-42

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

96
0
0

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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.....

Welford G. Burnley
Licensed Embalmer No. *24202*

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.

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