

FILED MAR 30 1943

Registration District No. **313** Primary Registration District No. **1002**

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:
MISSOURI PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **2 DAYS**
(Specify whether years, months or days)

In this community..... **2 DAYS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... ~~MO.~~ **Nebr.** (b) County..... **997**

(c) City or town..... ~~ST. LOUIS~~ **Omaha**
(If outside city or town limits, write "RURAL")

(d) Street No. **2315 N. 16. ST.** **OMAHA NEBRASKA**
(If rural, give location)

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

3. (a) PRINT FULL NAME **PATRICK JOHN HURTH**

3. (b) If veteran, name war..... (c) Social Security No. **702-14-2656**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... **MARGARET HURTH** 6. (c) Age of husband or wife if alive..... **50** years

7. Birth date of deceased..... **MAY 4, 1887**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 55 | 10 | 15 | hr. min. |

9. Birthplace..... **IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **ASST. YARD MASTER**

11. Industry or business..... **MO. PACIFIC R.R.**

12. Name..... **JOHN HURTH**

13. Birthplace..... **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name..... **MARGARET BAESEN**

15. Birthplace..... **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **MRS. E. A. NIELSEN**

(b) Address..... **MRS. E. ANIELSON OMAHA NEBRASKA**

17. (a) **REMOVAL** (b) Date thereof..... **3-20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **OMAHA NEBRASKA**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**
(b) Address..... **3840 Lindell Blvd.**

19. (a) **MAR 20 1943** (b) **J. F. Brundage**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19** year **1943** hour **3:47** minute **P.M.**

21. I hereby certify that I attended the deceased from **3-17** to **3-19** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Heart failure**

Due to..... **Chronic myocarditis** **6 months**
Chronic nephritis **6 months**

Due to..... **Arteriosclerosis**

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

Major findings:
Of operations.....
Of autopsy.....

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..... **H. Atherton** (M. D. or other) **MD**
Address..... **Missouri Pacific Hosp** Date signed **3-29-43**

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

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

DEC 3 1954

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.