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5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19714

D JUN 19 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5364

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 11 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... David P. Hurlburt
3. (b) If veteran, name was..... Spanish American 3. (c) Social Security No.....

4. Sex..... Male 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Mattielee Hurlburt 6. (c) Age of husband or wife if alive..... 56 years
7. Birth date of deceased..... Jan. 19th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 23 hr. min.

9. Birthplace..... Valpariso Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation..... Decorator

11. Industry or business.....

12. Name..... Chester Hurlburt

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Mattielee Hurlburt

(b) Address..... 3629 Aldine Ave.

17. (a) Burial (b) Date thereof..... 6-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... National Cemetery

18. (a) Signature of funeral director..... Kriegshauser Mortuaries

(b) Address..... 4228 So. Kingshighway Blvd.

19. (a) JUN 11 1943 (b) J. Fredrick
(Date received local records) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County..... 17.
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 3629 Aldine Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 11,
year..... 1943 hour..... 2:30 minute..... A. M.
21. I hereby certify that I attended the deceased from..... June
1, 1943, to..... June 11, 1943,
that I last saw him alive on..... June 11, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
① Pneumonia - lobar Duration..... 2 days
② Generalized syphilis ? years
③ Senility
Hypertensive Sclerosis vasculor
Other conditions..... disease & fibrillation ?
(Include pregnancy within 3 months of death)
Organic psychosis
Major findings:.....
Of operations..... none
Of autopsy..... none 30

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?
23. Signature..... Thomas A. Sweetman MD (Specify type of place) (e) Means of injury.....
Address..... 1515 Lafayette Avenue, Date signed..... 6/11/43

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 *Richard W. Lawrence*

Licensed Embalmer No. *4007*

P. O. Address.....

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.