

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5522

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4331 Ashland Ave
 (If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4331 Ashland Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS HURLEY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Blanche Hurley 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 15, 1973
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1943 hour 2 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Jan 1942 to June 16, 1943
 that I last saw him alive on June 16, 1943 and that death occurred on the date and hour stated above.
 Immediate cause of death Arteriosclerosis Duration 5 yrs

8. AGE: Years Months Days If less than one day
70 1 1 _____ hr. _____ min.

9. Birthplace May 15, 1873 California
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business Retired

MOTHER FATHER
 12. Name Unknown 9
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Thurloges 9
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Mahoney
 (b) Address 4331 Ashland Ave
 17. (a) Buried (b) Date thereof June 18, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. F. Bradeck
 (b) Address 1377 Parkview
 19. (a) JUN 18 1943 (b) J. F. Bradeck
 (Date received by registrar) (Registrar's signature)

Due to Arteriosclerosis
 Due to 93
 Other conditions (include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____
 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 J. F. Bradeck (M. D. or other) _____
 Address 2901 70 Newstead Date signed 6/18/43

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

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 *Harry Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *732 Fenway*.....

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.