S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12937

FILED MAY 2 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3841

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:
5233 Nottingham
(If not in hospital or institution, write 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 Missouri (b) County

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

(d) Street No. 5233 Nottingham
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. HURNI

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, divorced married

6. (b) Name of husband or wife Mildred Hurni

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October (Month) 18th (Day) 1884 (Year)

8. AGE: Years 59 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Appleton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Post Office Dept.

MOTHER FATHER

12. Name Gottlieb Hurni

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

14. Maiden name Clara Fersterling

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

16. (a) Informant Mildred Hurni

(b) Address 5233 Nottingham, St. Louis, Mo.

17. (a) Removal by hearse (Burial, cremation, or removal) (b) Date thereof 4-26-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive, Illinois

18. (a) Signature of funeral director C. Hoffmeister Colonia Mortuary

(b) Address 6464 Chippewa St. Louis, Mo.

19. (a) APR 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1944 hour 20 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 13, 1944, to April 22, 1944 that I last saw h alive on April 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus — Duration 12 min.

Due to Phlebitis Rt. thigh, — 9 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operation

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. M. Rosenstein M.D. (M. D.)

Address 3903 Olive St. St. Louis Mo. Date signed 4/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry

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.