

FILED MAY 13 1944  
Registration District No. 313

Primary Registration District No. 1003

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: Jewish Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 026  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. 1408A Arlington  
(If rural, give location) 9  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Morris Kurtz

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

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Yetta Kurtz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 1867  
(Month) (Day) (Year)

8. AGE: Years abt - 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tarnow Poland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business Ladies ready-to wear

MOTHER FATHER } 12. Name Samuel Kurtz  
13. Birthplace Poland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Isabelle Brasch

(b) Address 5333 Maple

17. (a) Burial (b) Date thereof 5/8, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevra Kadisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc Pherson

19. (a) MAY 8 1944 J. F. Bradeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7<sup>th</sup>  
year 1944 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Apr 18  
1944 to May 7 1944

that I last saw him alive on May 7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of Prostate  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Hypertrophy of Prostate

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) (a) Means of injury 0

23. Signature Ray May (M. D. or other) M.D.  
Address 539 N. Grand Date signed 5/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20  
17  
9

**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 .....

Licensed Embalmer No. 1597.....

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.**