

V. No. 2  
FORM—8-43  
Rev. 5-17-39  
I X37822

32435  
State File No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1944 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 9203

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution St. John's Hospital  
(d) Length of stay: In hospital or institution 0 (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  
(d) Street No. 7011 Holly Hills  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Hursey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
7. Birth date of deceased Oct 28 1944  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month Oct day 28  
year 1944 hour 1 minute 10 P. M.  
21. I hereby certify that I attended the deceased from 10-28-44  
19. to 10-28 19. 44  
that I last saw h. in alive on 10-28-44 19. \_\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Edward J. Hursey  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Bauer  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Edward J. Hursey  
(b) Address 7011 Holly Hills  
17. (a) Burial (b) Date thereof 10-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem  
18. (a) Signature of funeral director W. J. Stogart  
(b) Address 1535 Union Blvd.  
19. (a) OCT 30 1944 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

Immediate cause of death atelexis  
Due to Prematurity  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 151  
Major findings:  
Of operations \_\_\_\_\_  
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:  
(c) 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 Henry J. O'Grady M.D.  
Address 634 W. Grand Date signed 10-29-44

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

MOTHER FATHER

**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 *Charles F. Stuart*

Licensed Embalmer No. *3506*

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.**