

S. No. 2  
OM-5-42  
ev. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38909

State File No. ....

FILED DEC 8 1944  
Registration District No. 319

Primary Registration District No. 6079

Registrar's No. 59

95  
0  
0

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

1. PLACE OF DEATH:

(a) County Ste Genevieve  
(b) City or town FW Camp, Weingarten, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sta Hospital, P.W. Cp, Weingarten, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 1/2 days  
In this community Yes N (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste Genevieve  
(c) City or town St Marys 95  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Clement R. Hurst, 37138846

3. (b) If veteran, name war World War 2 3. (c) Social Security No. 496-12-9200

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years 16 1911  
7. Birth date of deceased Nov 16 1911  
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 2 If less than one day hr. min.

9. Birthplace OZORA MO  
(City, town, or county) (State or foreign country)

10. Usual occupation U.S. ARMY

11. Industry or business

12. Name RUDOLPH HURST  
13. Birthplace OZORA MO  
(City, town, or county) (State or foreign country)  
14. Maiden name DORA HEISERER  
15. Birthplace OZORA MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Clementine Heisener  
(b) Address Ft. Snary's 4th

17. (a) Burial (b) Date thereof 11-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZORA MO

18. (a) Signature of funeral director Geo C. Besty  
(b) Address Sta. Genevieve Mo

19. (a) Nov. 23/44 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1944 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov 7, 1944 to Nov 18, 1944; that I last saw him alive on Nov 15, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism 2 wks.

Due to

Due to 110

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Pulmonary embolism in pulmonary vein -

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 W. H. Curran M.D. (M.D. or other)  
Address P.W. Camp - Weingarten Mo Date signed 11-20-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 1244-4620  
Date Filed 12-7-44

DEC 8 1944

MAR - 2 1945

DEC 11 1944

001721-967

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 Lea C. Basler

Licensed Embalmer No. 1985

P. O. Address St. Lawrence Ave

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.