

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

379

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:  
Deaconess Hospital  
 (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)

3. (a) PRINT FULL NAME James Malcomb Kurn

3. (b) If veteran, name war Spanish American  
 3. (c) Social Security No. 702-18-9451

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Nancy Clifford Kurn  
 6. (c) Age of husband or wife if alive 42 years  
 7. Birth date of deceased Nov. 10, 1870  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 2 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mt. Clemens, Michigan  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired co-trustee

11. Industry or business Frisco R. R. Co.

12. Name James Kurn

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

14. Maiden name Margaret Frasier

15. Birthplace Montreal, Canada  
 (City, town, or county) (State or foreign country)

16. (a) Informant Nancy Clifford Kurn

(b) Address 56 Lake Forest - Richmond Hts, Mo

17. (a) Entombment \_\_\_\_\_ (b) Date thereof 1/15/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 15 1945 Jr. F. Bredek  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town Richmond Heights  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 56 Lake Forest  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13  
 year 1945 hour 9 minute 5 A.M.

21. I hereby certify that I attended the deceased from 12/4/44, 19\_\_\_\_, to 1/13/45, 19\_\_\_\_;  
 that I last saw him alive on 1/13/45, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Auricular fibrillation with decompensation of heart

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
 Of operations No operation  
 Of autopsy None

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 Earl R. Rice (M. D. or D. O.)  
 Address 611 Olive Street Date signed 1/13/45

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

98  
8  
NR

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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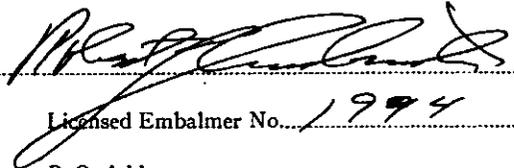
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**STATEMENT BY LICENSED EMBALMER**

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. 1994

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.**