

FILED MAR 16 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2222

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Lutheran Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 6018a Etzel Ave.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1945 hour 1:00 minute A. M.  
21. I hereby certify that I attended the deceased from Feb 27  
to March 7 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-Pneumonia  
Duration 5 days

Due to: Decompensated Heart disease

Due to:

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

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:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(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: A. M. Grant (M. D. or other) M.D.  
Address: 3671 Grandway Date signed: 3/8/45

3. (a) PRINT FULL NAME Charles B. Kurrelmeier

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

4. Sex Male (a) Single, widowed, married, divorced Married  
5. Color or race White

6. (b) Name of husband or wife Pauline Kurrelmeier (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 19 1888 (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business

12. Name George Kurrelmeier

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

14. Maiden name Freda Swelthaus

15. Birthplace Drake Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Vernon Storm

(b) Address 2406 North & South Rd.

17. (a) Burial Removal (b) Date thereof 3-10-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosebud, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) J. F. Bedeck (Date received by local registrar) (Registrar's signature)

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

MAR 29 1945

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 *Albert G. Kopp*

Licensed Embalmer No..... *2991*

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.**