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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 113772

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3547

1. PLACE OF DEATH:
(a) County St, Louis, MO,
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-30-44 to 4-20-45 (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town ST, Luois, MO. (If outside city or town limits, write "RURAL")
(d) Street No. 1711 SO, Broadway (If farm, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ralph Hurst
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Zoe
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July (Month) 22 (Day) 1895 (Year)
8. AGE: Years 49 Months 8 Days 29 If less than one day hr. min.
9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Restaurant Worker
11. Industry or business
FATHER 12. Name Marcus Hurst
13. Birthplace Europe (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Nora Kruger
15. Birthplace Europe (City, town, or county) (State or foreign country)
16. (a) Informant Viola Becktame
(b) Address 5600 Arsenal ST.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4,23,45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews
18. (a) Signature of funeral director A. V. McLaughlin
(b) Address 2301 Lafayette
19. (a) APR 21 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1945 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from 12-30-1944 to 4-20-1945 that I last saw him alive on April 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy none

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. W. Maxwell (M. D. or other)
Address 5600 Arsenal Date signed 4-20-45

(Licensed Embalmer's Statement on Reverse Side)

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.....L. R. Cooper.....

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.