V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25007

FILED AUG 11 1945

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 1889

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 88 days (Specify whether
In this community See above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Doniphan 1
(If outside city or town limits, write "RURAL")

(d) Street No. -- 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME HURST, Michael H.

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased December (Month) 12 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	7	24	hr. min.

9. Birthplace Greenville (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business --

FATHER
12. Name William Hurst
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Bridget Moore
15. Birthplace (City, town, or county) Ireland 11 (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.,
(b) Address Jefferson Barracks, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Paducah, Kentucky (Rail)

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 8-9-45 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1945 hour 5:32 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1945, to August 6, 1945;
that I last saw him alive on August 6, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death TUBERCULOSIS, PULMONARY, CHRONIC, FAR ADVANCED, ACTIVE.	Unknown
Due to -- 136	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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) No
(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 0

23. Signature E. V. EDWARDS, LT. COL., (M. D. or other) M.C.,
Clinical Director.
Address Vet. Adm. Fac., Jeff. Brks., Mo. Date signed 8/7/45

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(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.