S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39344

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11383

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. #11 Thornby Place.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GUY ELMER JURDEN.

3. (b) If veteran, name war no.

3. (c) Social Security No. 498-12-1107

4. Sex Male.

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

7. Birth date of deceased September 20, 1874. (Month) (Day) (Year)

8. AGE: Years 71. Months 3. Days 5. If less than one day hr. min.

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

10. Usual occupation Pres. 1st National Bank

11. Industry or business of Wellston.

FATHER
12. Name Samuel W. Jurden.
13. Birthplace N. Adams, (City, town, or county) Mass., (State or foreign country)

MOTHER
14. Maiden name Nancy Ellen Redford.
15. Birthplace Warrensburg, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant R. O. Kennard, Jr.,
(b) Address 11 Thornby Place,

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12/27/45. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.,

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) DEC 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1945 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from June 9, 1932, to Dec. 25, 1945, that I last saw him alive on Dec. 25, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Congestive Myocardial failure	1 week
Due to Chr. hypertensive heart disease	10 yrs.
Due to generalized arteriosclerosis	10 yrs
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? (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 H. G. Newman (M. D. or other) M.D.

Address Beaumont Bldg Date signed 12/26/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Harold G. Newman.
Je: 4515.
1 to 5 P.M.

Officer 10 30
Bt Tel + 93.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo

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.