

FILED JAN 25 1946  
318

STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 116274

1. PLACE OF DEATH:  
(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hosp #1 1515 Lafayette 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Hrs  
In this community Coroner Court (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County asc  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 197  
(d) Street No. 3800 N. Grand Blvd  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME August Schurr  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or White  
6. (a) Single, widowed, married, divorced Married 0  
6. (b) Name of husband or wife Flora F. Eskridge  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 15th 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 1 16 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Packer

11. Industry or business International Shoe Co

MOTHER FATHER { 12. Name Morris Schurr  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Kroeger  
15. Birthplace St. Louis Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Schurr  
(b) Address 5048 Oleatha

17. (a) Burial (b) Date thereof 1-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Dingermann 4 7/8  
(b) Address 3819 S. Grand Blvd.

19. (a) JAN 9 1946 (b) J. F. Budack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 th day 31 st  
year 1945 hour 1/20 P M M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings:  
1. Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_  
23. Signature John E. ... (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 1/2/46

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

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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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.**