

No. 2  
M-5-43  
5-17-39  
I X36871

FILED MAR 6 1946

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **1771**

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: De Paul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Iron

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ethel Pearl Hurst

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 21  
year 1946 hour 1:20 minute A. M.

21. I hereby certify that I attended the deceased from 2-16-1946 to 2-21-1946  
that I last saw her alive on 2-20-46 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oscar Hurst

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 21 1897  
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis

Due to Abesity

Due to \_\_\_\_\_

Other conditions 120  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<u>48</u>	<u>7</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Madison County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

**11. Industry or business**

12. Name Thomas True

13. Birthplace Greene County Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Selinger

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

Major findings: Stratified myocardial  
Of operations None

Of autopsy \_\_\_\_\_

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

16. (a) Informant Oscar Hurst

(b) Address Belleview, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Ironton, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) FEB 21 1946 (Date received local registrar)

J. F. Brueck (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury: \_\_\_\_\_

23. Signature Eugene S. Wulley (M. D. or other) 240

Address 634 1/2 S. 4th Date signed 2-21-46

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

6522

**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

*John Ginoski*

..... Licensed Embalmer No. *3398* .....

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.**