

Registration District No.

Primary Registration District No.

1003

2249

FILED MAR 18 1946 378

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. Louis City Hospital - ax C. Starkloff Memorial
(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)

3. (a) PRINT FULL NAME WILLIAM J. HURT

3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Annie Hurt
6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 5 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 2 br. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Josephson
15. Birthplace Union Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Schultz
(b) Address 1107 Rutger St.

17. (a) Burial (b) Date thereof 3-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silex, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) MAR 7 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1014 1/2 Park Ave.
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1946 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 2/23/46
1946 to 3/7/46 1946
that I last saw him alive on 3/7/46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to arteriosclerotic heart disease

Due to.....

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?

While at work?..... (Specify type of place) (2) Means of injury 0

23. Signature K. W. Gregory (M. P. of 1946) 3/7/46
Address 1515 Lafayette Date signed

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

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.