

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14926

State File No.

Registrar's No. **3241**

FILED APR 3 1946

Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers 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.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6011 Tennessee Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Adolph Kurgas**

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

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

6. (b) Name of husband or wife **Regina Kurgas** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **M May 8, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	10	28	hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Caterer**

11. Industry or business.....

12. Name **Emil Kurgas**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eric Kurgas**

(b) Address **6011 Tennessee Ave.**

17. (a) **Burial** (b) Date thereof **4/9/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS. Peter & Paul**

18. (a) Signature of funeral director **Weick Bros.**

(b) **APR 8 1946** **2201 S. Grand Bl.**

19. (a) (Date received local registrar) (b) **J. F. Bredack**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1946** hour **8** a.m. or P.M.

21. I hereby certify that I attended the deceased from **March 1946** to **April 6, 1946**
that I last saw him alive on **April 6, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
arterio-sclerotic
Due to.....

Other conditions **Ch. Symphysis Leukemia**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **74**
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?

23. Signature **J. F. Bredack** (M. D.)
Address **607 No. Grand** Date signed **4/8/46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14926

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

W. A. Clewley

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.