

LED MAY 31 1946
398

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5971 Wanda Ave.
(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 Charles F. Kurt

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 Mary Kurt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 30th, 1861.
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Worker

11. Industry or business _____

12. Name Charles Kurt

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Alitha Garner

(b) Address 5971 Wanda Ave.

17. (a) Burial (b) Date thereof May 22, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6408 Gravois Ave.

19. (a) MAY 20 1946 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5971 Wanda Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th, year 1946. hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1944, 19to May 19, 1946 that I last saw him alive on May 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Brunsis Broncho-pneumonia Duration 2 days.
Due to Hypertensive Cardiovascular renal disease with repeated cerebral vascular accidents

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

Major findings: Of operations 1/31 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 Deland G. Hoste (M. D. or other) C. M. D.
Address 3773 S. Kings Highway Blvd Date signed 5/20/46

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

MOTHER FATHER

Dr. J. L. E. Photo
37234 A Campbell
20-1600

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 *Rex P. Campbell*

Licensed Embalmer No. *388-1*

P. O. Address *St. Louis, 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.