

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1409

FILED JUL 15 1946
Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis Co

(b) City or town Manchester Missouri,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home, 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 3 weeks,
(Specify whether in this community 60 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 030

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4940 Columbia, 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank J. Kurz,

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race white

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

6. (b) Name of husband or wife Minnie

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

7. Birth date of deceased November 10, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82	7	10	hr. min.
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9. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor,

11. Industry or business _____

MOTHER FATHER { 12. Name Frank J. Kurz,

13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Paul H. Kurz,

(b) Address 4940 Columbia,

17. (a) Burial (b) Date thereof 6/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Oscar Hoffmeister

(b) Address 4016 Chippewa,

19. (a) 7-5-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from May 22
7, 1946 to June 20, 1946
that I last saw him alive on June 18, 1946
and that death occurred on the day and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to 46 hrs

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) [Signature]
Address Creve Coeur Mo. Date signed 6-20-46

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.