

STANDARD CERTIFICATE OF DEATH

State File No. 25450

1003

3922

Registration District No. 318

Primary Registration District No.

Registrar's No.

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 735 Interdrive
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Laura Josephine Kurt

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 9 1898
(Month) (Day) (Year)

20. DATE OF DEATH: Month July 2 day
year 1946 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 29
1946, to July 2, 1946
that I last saw her alive on July 12, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Intestinal Obstruction Duration 5 days

8. AGE: Years 48 Months 3 Days 23
If less than one day _____ hr. _____ min.

Due to General Peritonitis ?
with multiple abscesses
Due to Pott's Disease of Spine 47

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)
Lungs not infected
Major findings:
Of operations _____
Of autopsy as above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Lawrence R. Kurt

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

14. Maiden name Mary Josephine Pilliod

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

16. (a) Informant Mrs. L. R. Kurt

(b) Address 735 Interdrive

17. (a) burial (b) Date thereof July 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) JUL 5 1946 J. F. Bredeek
(Date received from registrar) (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? _____

(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature Victor P. Koepfer (M. D. or other) M.D.
Address 3805 So Broadway Date signed 7/3/46

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

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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.....
.....
Licensed Embalmer No. 2460
P. O. Address..... 6170 Delmar

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.