S. No. 2
M—5-43
5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17781

Registrar's No. 4571

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 O
(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 Mo. (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 11015 Lindbergh Road 3
(If rural, give location)
N. R.

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Brother Michael John Lurz

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 25 (Day) 1865 (Year)

8. AGE: Years 83 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country) 1

10. Usual occupation Teacher

11. Industry or business Chaminade College

FATHER
12. Name George Lurz
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sophia Reinhardt
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Brother Julius Kreschel
(b) Address Maryhurst, Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maryhurst Cem. Kirkwood, Mo.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7824 S. Broadway

19. (a) MAY 27 1948 (Date received local registrar) (b) J. F. Brade (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 1948 hour 5 15 minute a M.

21. I hereby certify that I attended the deceased from 5/14/48, 19 to 5/15, 1948; that I last saw him alive on 5/14/48, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis — Chr. Myocarditis.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. Hayden (M. D. or other) M. D.

Address 5899 Delmar Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.