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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 8 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18663

State File No. ....

Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 48

1. PLACE OF DEATH:

(a) County... BOLLINGER  
(b) City or town... RURAL GERANSETUP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
In this community 1 wk. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELDEN EUGENE HURST JR  
3. (b) If veteran, name war...  
3. (c) Social Security No. ....

4. Sex MO 5. Color or race W.  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife...  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased... FEB. 2 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 4 18 hr. min.

9. Birthplace... ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation...  
11. Industry or business...

MOTHER FATHER {  
12. Name EUGENE E. HURST  
13. Birthplace RISK MO. D  
(City, town, or county) (State or foreign country)  
14. Maiden name ETHEL L. MAURER  
15. Birthplace ST. LOUIS MO. D  
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. HURST  
(b) Address 1127 FREY ST, LOUIS, MO.  
17. (a) BURIAL (b) Date thereof 6-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Mc Glothlin  
(b) Address St. Louis, Mo.  
19. (a) June 20/48 (b) Miss Van Newburgh  
(Date received local registrar) (Registrar's signature)

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. 1  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1948 hour minute M.  
21. I hereby certify that I attended the deceased from...  
that I last saw him alive on dead 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death... Cardiac Insufficiency  
Due to Patent foramen ovale  
Due to...

Other conditions...  
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?

While at work? (Specify type of place) (e) Means of injury...  
23. Signature John J. Myers (M.D. or other)  
Address St. Louis, Mo. Date signed 6/20/48

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

RECEIVED

Health Officer No. 4  
Subject File Number 248-869  
Date Filed 2-2-48

*[Handwritten mark]*

**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 D. E. Graham  
Licensed Embalmer No. 4010

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.**