

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

10205

State File No. 2690

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY Mad			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital 0		d. STREET ADDRESS 4802 Lebadie Ave. 0					
3. NAME OF DECEASED (Type or Print) Richard Hurley.			4. DATE OF DEATH (Month) (Day) (Year) 3 - 23 - 49				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, <u>Single</u> 0			
8. DATE OF BIRTH Feb. 14, 1947.		9. AGE (In years last birthday) 2 1 9		10. IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis 0			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William Hurley		13b. MOTHER'S MAIDEN NAME			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME William Hurley		ADDRESS 4802 Lebadie					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diphtheria</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>10</u> DUE TO (c) <u>055X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased <u>alive</u> on <u>19</u> , and that death occurred at <u>11:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Turner Deputy Registrar</u>		23b. ADDRESS <u>1302 Clark</u>		23c. DATE SIGNED <u>3/25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 26, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery.			
24d. LOCATION (City, town, or county) St. Louis County.		24e. (State)					
DATE REC'D BY LOCAL REG. MAR 25 1949		REGISTRAR'S SIGNATURE <u>J. B. Baseler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Quier</u>			
				ADDRESS 1389 Union 31			

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *Ronald Yabuuchi* .....

Signed.....

Student Embalmer

Licensed Embalmer No. *3917* .....

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.