

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23102

State File No.

39 26

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 708

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) Springfield | |
| c. LENGTH OF STAY (in this place) 65 Days | | d. STREET ADDRESS (If rural, give location) 731 East Elm Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION O'Reilly VA Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Adolph b. (Middle) Luther c. (Last) Kurtz | | 4. DATE OF DEATH (Month) (Day) (Year) August 9, 1949 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH April 7, 1888 |
| 9. AGE (In years last birthday) 61 | | 10. IF UNDER 1 YEAR Months 61 Days 61 | 11. IF UNDER 24 HRS. Hours 61 Min. 61 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City License Inspector | | 10b. KIND OF BUSINESS OR INDUSTRY City of Spgfld, Mo. | |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Adolph Kurtz | | 13b. MOTHER'S MAIDEN NAME Mary E. Grasher | |
| 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. 77-24-18T03/29/19 702-03-4920 | |
| 17. INFORMANT'S SIGNATURE OR NAME O'Reilly VA Hospital Records, Spgfld, Mo. | | ADDRESS O'Reilly VA Hospital Records, Spgfld, Mo. | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Due to (b) Arteriosclerotic heart disease Due to (c) Pulmonary infarction, right II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 June 4, 1949 , to August 9, 1949 , that I last saw the deceased alive on August 9, 1949 , and that death occurred at 2:25P m. , from the causes and on the date stated above. | | | |
| 23. SIGNATURE (Degree or title) Paul L. Eisele, MD., Clinical Director | | 23b. ADDRESS O'Reilly VAH, Springfield, Mo. | |
| 23c. DATE SIGNED Aug. 9, 1949 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE August 11, 1949 | |
| 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. 8-10-49 | | REGISTRAR'S SIGNATURE W.E. Handley MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeier | | ADDRESS F.H. Springfield | |

(Licensed Embalmer's Statement on Reverse Side)

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

MIG 4 10 45

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.

Student
Student Embalmer

Signed

Lee Mason

Licensed Embalmer No. *4568*

P. O. Address

Springfield

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.