

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6346

FILED FEB 24 1950

State File No. _____
Registrar's No. **1503**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 1503			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) 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		2111					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4258 E. Maffitt Ave.				d. STREET ADDRESS (If rural, give location) 4258 E. Maffitt Ave.							
3. NAME OF DECEASED (Type or Print) Myrtle			a. (First)			b. (Middle) Hurdle			c. (Last)		
4. DATE OF DEATH			5. SEX Female			6. COLOR OR RACE Negro			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (I)		
(Month) (Day) (Year) 2 11 1950			8. DATE OF BIRTH Aug 21, 1917			9. AGE (In years last birthday) 32			IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Technician			10b. KIND OF BUSINESS OR INDUSTRY X-Ray, Homer Phillips			11. BIRTHPLACE (State or foreign country) Rossville, Tenn.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Scott Hurdle				13b. MOTHER'S MAIDEN NAME Geneva Marcus				14. NAME OF HUSBAND OR WIFE Single			
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 Geneva Hurdle ADDRESS 4258 E. Maffitt Ave.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis + Miscarriage ANTECEDENT CAUSES following surgical operation for removal of tumor DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input 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) 214XE					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:52 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE W. P. Roberts Deputy Coroner (Degree or title)						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 2/15/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (I)		24b. DATE 2/16/50		24c. NAME OF CEMETERY OR CREMATORY St. Peter's			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL FEB 15 1950		REGISTRAR'S SIGNATURE J. B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Roberts 1416 N. Taylor Ave.					

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.

Student

Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Albany 13 Mo

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.