

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

31720

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 7207

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> <u>2241</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>24 3001 Texas</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u>		b. (Middle)	c. (Last) <u>Hurd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-11-50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>11-25-73</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John DeP Potter</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Long</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Hurd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486328-0923</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ludie Tarrant</u>		ADDRESS <u>6315 Cleath</u>	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cirrhosis of liver.</u> DUE TO (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>3 ds.</u> <u>6 mos. +</u>		
19a. DATE OF OPERATION <u>9-7-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of liver</u>				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)	21f. HOW DID INJURY OCCUR <u>5810</u>		
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"/>				
22. I hereby certify that I attended the deceased from <u>8-7-50</u> , 19 <u> </u> , to <u>9-11-50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9-11-50</u> , 19 <u> </u> , and that death occurred at <u>5:20 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles A. Shuman</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1325 S. Grand, St. Louis, Mo.</u>		23c. DATE SIGNED <u>9-12-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Road Mo</u>		
DATE REC'D BY LOCAL REG. <u>SEP 12 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Deater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein Bros</u> ADDRESS <u>6409 Gravois Ave</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed: *Elmer R. Cadwell*

Licensed Embalmer No. *4077*

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.