

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18210

FILED JUN 15 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 5088

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|--|-----------------------------------|---|--|
| 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, Missouri | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | STREET ADDRESS (If rural, give location) 1427 Locust Street., | |

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|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) R c. (Last) Hurd | | | 4. DATE OF DEATH (Month) (Day) (Year) June 1, 1951 | |
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|---------------|------------------------|--|------------------------------|--|------------------------------------|--|------------------------|-----------------------|-------|------|
| 5. SEX 0 Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0 | 8. DATE OF BIRTH Jan 22 1896 | | 9. AGE (In years last birthday) 55 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|---------------|------------------------|--|------------------------------|--|------------------------------------|--|------------------------|-----------------------|-------|------|

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|--|--|-----------------------------------|--|---|--|-------------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseman | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Altoona, Pennsylvania / | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|--|--|-----------------------------------|--|---|--|-------------------------------------|--|

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|-----------------------------------|--|---|--|---------------------------------|--|
| 13a. FATHER'S NAME Thomas W. Hurd | | 13b. MOTHER'S MAIDEN NAME Laura Rakestraw | | 14. NAME OF HUSBAND OR WIFE Nil | |
|-----------------------------------|--|---|--|---------------------------------|--|

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|---|--|---------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) W.W. #1 | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Nixon- Altoona, Penn. | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General Peritonitis; Ruptured peptic ulcer; Anesthetic.</i> | | | | | |
| | ANTECEDENT CAUSES <i>peptic ulcer; Anesthetic.</i> | | | | | |
| | MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <i>White being prepared for laparotomy at City Hosp #1</i> | | | | | |
| | DUE TO (b) <i>White being prepared for laparotomy at City Hosp #1</i> | | | | | |
| | DUE TO (c) <i>on June 1, 1951</i> | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS <i>on June 1, 1951</i> | | | | | |
| | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) | |
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| 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? 5401 | | |
|--|--|---------------------------------|--|--|

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 150 P. m., from the causes and on the date stated above.

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|---------------------------------------|--|-------------------------|--|-------------------------|--|
| 23a. SIGNATURE <i>Joseph Anderson</i> | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 6/2/51 | |
|---------------------------------------|--|-------------------------|--|-------------------------|--|

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|---|------------------|------------------------------------|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 6-2-51 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Altoona, Pennsylvania | | |
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| DATE REC'D BY LOCAL REG. JUN 6 1951 | REGISTRAR'S SIGNATURE <i>J. H. Sater</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd. | | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 27 1953

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.....

Wm Binkley

Signed.....
Student Embalmer

Licensed Embalmer No..... 3653

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.