

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35190**
Registrar's No. **9275**

FILED NOV 2 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY **St. Louis Mo**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: **St. Louis**

c. LENGTH OF STAY (In this place) **8 da**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Alexian Bros. hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Mo.**

b. COUNTY **Jeff.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hillsboro**

d. STREET ADDRESS (If rural, give location) **0500**

3. NAME OF DECEASED

a. (First) **Joseph**

b. (Middle) **G.**

c. (Last) **Hurtgen**

4. DATE OF DEATH (Month) (Day) (Year) **Oct. 19, 1951**

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Aug. 11 1879**

9. AGE (In years last birthday) **72**

If under 1 year: Months **2** Days **22**

If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RR Mail Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **RR Mail Clerck**

11. BIRTHPLACE (State or foreign country) **Hillsboro**

12. CITIZEN OF WHAT COUNTRY? **U.S. A.**

13a. FATHER'S NAME **Henry Hurtgen**

13b. MOTHER'S MAIDEN NAME **Rosa Goehring**

14. NAME OF HUSBAND OR WIFE **Laura H. Hurtgen**

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 **Laura H. Hurtgen**

ADDRESS **Hillsboro Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **Cardiac Failure**

It does not mean a 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 Failure**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Hypertrophied Prostate**

DUE TO (c) **Bronchial Asthma**

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 **Benign prostatic hypertrophy**

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **L/OX**

22. I hereby certify that I attended the deceased from **Oct 10, 1951** to **Oct 19, 1951**, that I last saw the deceased alive on **Oct 19, 1951**, and that death occurred at **7:15 PM** from the causes and on the date stated above.

23a. SIGNATURE **St. Mary's** (Degree or title) **0**

23b. ADDRESS **3606 McCarroll**

23c. DATE SIGNED **10-20-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Oct. 22**

24c. NAME OF CEMETERY OR CREMATORY **Hillsboro Cem.**

24d. LOCATION (City, town, or county) (State) **Hillsboro Mo.**

DATE REC'D BY LOCAL REG. **OCT 20 1951**

REGISTRAR'S SIGNATURE **Paul Smith**

25. FUNERAL DIRECTOR'S SIGNATURE **Widigton Funeral Home**

ADDRESS **Kennett Mo.**

(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

Elmer A. Whitag

Signed.....
Student Embalmer

Licensed Embalmer No. ~~3751~~ 357

P. O. Address *Trimmick*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 35190

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9275

On this day of, 19....., before me appears.....

....., who, upon oath, states that the original record of birth
for Joseph G. Hurtgen, died 10-19-1951, 19....., in the State of
~~born~~ Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 8 should read August 9 1879

Instead of Aug. 11-1879

Item No. 9 should read 72-2-22

Instead of 72-2-20

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Laura H. Hurtgen Inf.
Hillsboro, Mo Relationship.

Present Address.

Subscribed and sworn to before me this 30 day of Oct., 1951

My Commission expires 3-4-53 Everett Fadden Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.