

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 45400

FILED FEB 2 1954

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0412

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 Month</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY INFIRMARY HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>25 5 North 9th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>		b. (Middle)		c. (Last) <b>KURLEO</b>		4. DATE OF DEATH (Month) <b>12</b> (Day) <b>30</b> (Year) <b>1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Unknown ab. 87</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>11</b> Days	IF UNDER 24 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>9</b>	
13a. FATHER'S NAME <b>Jack Kurleo</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Buchanan</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital Records 5800 Arsenal St.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</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 <b>years</b> <b>years</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>42.00</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 30, 1953</b> , to <b>Dec. 30, 1953</b> , that I last saw the deceased alive on <b>Nov. 30, 1953</b> , and that death occurred at <b>2:55P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <b>Henry Esker MD.</b>				23b. ADDRESS <b>5600 Arsenal St.</b>		23c. DATE SIGNED <b>12/30/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 15 1954</b>		REGISTRAR'S SIGNATURE <b>J. Cash Smith MD.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland-Aker Mortuary Service</b>			

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.