

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

State File No. **6393**
Registrar's No. **1548**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2107	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN ST. LOUIS	d. 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 ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 10 3206 KOSSUTH AVE., #7	

3. NAME OF DECEASED (Type or Print) EDWARD	a. (First)	b. (Middle) H.	c. (Last) JURGENS	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 16, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY, 12, 1885	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTOMER		10b. KIND OF BUSINESS OR INDUSTRY CITY OF ST. LOUIS	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HERMAN JURGENS	13b. MOTHER'S MAIDEN NAME ELIZABETH NIEWIG	14. NAME OF HUSBAND OR WIFE LATE JENNIE JURGENS
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 HARRY G. JURGENS
		ADDRESS 4236 CLARENCE AVE

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Coma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Curculosis, Laennec's DUE TO (c) Aortic Stenosis - calcific		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 5811

22. I hereby certify that I attended the deceased from **2-9-54**, 19___, to **2-16-54**, 19___, that I last saw the deceased alive on **2-16-54**, 19___, and that death occurred at **6:55A** m., from the causes and on the date stated above.

23a. SIGNATURE Phillip Comens J. MD	(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2/19/54	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS Co., MISSOURI
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DATE REC'D BY LOCAL REG. FEB 17 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE MCCALVIN F. FEUTZ	ADDRESS 4828 NAT'L. BRIDGE
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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 *Ralph C. Linders*

Licensed Embalmer No. *427*

P. O. Address *St. Louis*

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.