

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25726

BIRTH NO. REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 590 Registrar's No. 1692

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>	
b. CITY OR TOWN <b>PINE LAWN</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
b. CITY OR TOWN <b>PINE LAWN</b>		c. LENGTH OF STAY (In this place) <b>3 WKS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SHAMROCK REST HOME</b>		e. STREET ADDRESS (If rural, give location) <b>4212 A ROSALIE 2091</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RAUE</b>		b. (Middle) <b>B.</b>		c. (Last) <b>KURTZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY-14-1954</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV-29-1884</b>	
9. AGE (In years) (Last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>GREENVILLE - ILL</b>	
10a. USUAL OCCUPATION		11. BIRTHPLACE		12. CITIZENSHIP OF WHAT COUNTRY <b>U.S.</b>			

13a. FATHER'S NAME <b>GEORGE HAYDEN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN KURTZ</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>2215</b>		17. INFORMANT'S SIGNATURE OR NAME <b>4212 A Mrs. Frances Lutaski, Rosalie</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, chronic</b>				<b>years</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>arteriosclerosis, generalized</b>			
DUE TO (c) <b>Hypertension</b>					
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 <b>443x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) (HOMICIDE)		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?	

22. I hereby certify that I attended the deceased from June 30, 1954, to July 14, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 9:15 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Lewis E. Littman, M.D. pr. of Lideman, MD</b>		23b. ADDRESS <b>2402 North Grand Ave.</b>		23c. DATE SIGNED <b>7/14/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-16-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENVILLE MAUSOLEUM - GREENVILLE - ILL</b>		24d. LOCATION (City, town, or county) (State) <b>GREENVILLE - ILL</b>	
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DATE REC'D BY LOCAL REG <b>7/15/54</b>		REGISTRAR'S SIGNATURE <b>Wesley R. Sommers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Turner</b>		ADDRESS <b>401 1/2 National Bridge</b>	
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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 *J. W. M. [Signature]* .....  
Licensed Embalmer No. *364*

P. O. Address *[Signature]* .....

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.

*[Handwritten mark]*