

STANDARD CERTIFICATE OF DEATH

25081

FILED JUL 20 1956

State File No. 5949  
Registrar's No. 5949

BIRTH NO. \_\_\_\_\_ 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 <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS Mo</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. LENGTH OF STAY (In this place)		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. LOUIS CHRONIC Hosp.</i>		e. STREET ADDRESS (If rural, give location) <i>3713 SULLIVAN</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MILDRED</i> b. (Middle) <i>M.</i> c. (Last) <i>KURRUS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 21 1956</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>NOV. 11 1896</i>
9. AGE (In years last birthday) <i>59</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>ST. LOUIS Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>		13a. FATHER'S NAME <i>CHARLES KURRUS</i>	
13b. MOTHER'S MAIDEN NAME <i>ANNA E. KURRUS</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>ANNA KURRUS</i>		ADDRESS <i>3713 SULLIVAN</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Asphyxiation, by aspiration of food, following ingestion of food while a patient at St. Louis Hospital, June 21st</i>	
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 <i>1956</i>		19b. MAJOR FINDINGS OF OPERATION <i>E E 9 21-7</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <i>Accident</i>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) <i>St. Louis Mo</i> (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 21 56 ?</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Etta E. Taylor Corcoran</i> (Degree or title) <i>Corcoran</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>6/29/56</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	
24b. DATE <i>JUNE 25 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK CEM.</i>	
24d. LOCATION (City, town, or county) <i>ST. LOUIS Mo</i> (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Kuter</i> ADDRESS <i>2906 Bevier</i>	
DATE REC'D BY LOCAL REG. <i>JUN 23 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

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 *James C. Dill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Grant*

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.