Health, Welfare Public Service

300
1-56

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10575
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2541

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 4946 W. Florissant — Length of stay in 1b years 2079	d. STREET ADDRESS (If outside, give location) 4946 W. Florissant Av — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Edward	Middle: Henry	Last: Kurlbaum, Sr.	4. DATE OF DEATH Month Day Year: March 12 1957
5. SEX: male 0	6. COLOR OR RACE: white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH: Feb. 28 1890
9. AGE (In years last birthday): 67	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Cupples Company	11. BIRTHPLACE (City and state or country): Illinois /	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Kurlbaum		14. MOTHER'S MAIDEN NAME: unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 494-09-1922	17. INFORMANT Address: Mrs. Minnie Kurlbaum, 4946 W. Florissant	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Arteriosclerotic Cardiovascular Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.1

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/21/54 to 3/12/57 and last saw ~~her~~ him alive on 12/15/56
Death occurred at 1:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A Bauer MD	22b. ADDRESS: 3731 Goodfellow	22c. DATE SIGNED: 3/14/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: March 15 1957	23c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: Math Hermann &Son, Inc., 2161 E. Fair Av	25. DATE RECD. BY LOCAL REG.: MAR 14 '57	26. REGISTRAR'S SIGNATURE: J Carl Smith MD MJB	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilford G Burnley

Licensed Embalmer No. 42

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.