

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016003

FILED MAY 12 1958

STATE FILE NUMBER 4787

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4120 Cleveland Ave.		d. STREET ADDRESS (If outside, give location) 4120 Cleveland Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last HUGO A. JURGENS		4. DATE OF DEATH Month Day Year May 3 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sep. 6, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Depot Master-N.Y. Central		10b. KIND OF BUSINESS OR INDUSTRY R.R. Co.	11. BIRTHPLACE (City and state or country) Belleville, Ill. /
13a. FATHER'S NAME Henry Jurgens		13b. MOTHER'S MAIDEN NAME Margaret Roebeling	14. NAME OF HUSBAND OR WIFE Adele Jurgens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Adele Jurgens 4120 Cleveland Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>few min.</i> <i>2 years</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 June 14 1956 to May 3 '58 and last saw her alive on May 1 '58 Death occurred at 7:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: <i>Rannsbauer</i> (Degree or title) 0 Mr		22b. ADDRESS 3701 Grandel St	
22c. DATE SIGNED 5-5-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		23b. DATE 5-6-1958	
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or County) (State) Nashville, Ill.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S.Kingshighway		25. DATE RECD. BY LOCAL REG. MAY 5 '58	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> Mr			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
All diseases in Part I must be causally related.

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 *Richard W. Storvick* .....

Licensed Embalmer No. 4007.....  
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.