

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016776  
Stat. File No. 1217

FILED MAY 12 1958

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>1217</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. LENGTH OF STAY (In this place) <u>YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u> <u>423X</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9806 Midland</u>				d. STREET ADDRESS (If rural, give location) <u>9806 Midland</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle) <u>Fufrosina</u>		c. (Last) <u>Kurz</u>	
		4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>2</u> (Year) <u>1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 28, 1887</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Beck</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Kurz (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>498-34-6326</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martha Kurz 9806 Midland</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <u>Hypertensive Cardiovascular Renal Disease 8yrs.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS <u>Removal of cataract of left eye</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>  <u>2 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>11/13</u> , 19 <u>50</u> , to <u>5/2/58</u> , 19 <u>    </u> , that I last saw the deceased alive on <u>May 2nd, 1958</u> and that death occurred at <u>7:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Martha Kurz D.O. 2</u>				23b. ADDRESS <u>2335 Brown Road St. Louis 14, Mo</u>		23c. DATE SIGNED <u>5/3/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/5/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-5-58</u>		REGISTRAR'S SIGNATURE <u>Robert C. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl Hilleman, 9709 Lackland, Overland</u>			

400X

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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Carl Hillman*

Licensed Embalmer No. \_\_\_\_\_

*3501*

P. O. Address \_\_\_\_\_

*Oreland 14 MD*

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 this body is not embalmed, fact should be so stated above.