

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023482
STATE FILE NUMBER

1003

Registrar's No. 6628

FILED JUL 14 1958

Registration District No. 318 Primary Registration District No.

5. 300
1-57

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 SAINT LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SAINT LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		Length of stay in lb 1 month 0/8	d. STREET ADDRESS (If outside, give location) 6011 Tennessee		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Eric Middle A Last Kurgas			4. DATE OF DEATH Month 7 Day 1 Year 1958			
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	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 1-24-1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Display Advertising	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Post Dispatch	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Adolph Kurgas		13b. MOTHER'S MAIDEN NAME Regina Weber		14. NAME OF HUSBAND OR WIFE Olivia M Kurgas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. yes	17. INFORMANT Address Olivia M Kurgas 6011 Tennessee, St. Louis, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of Prostate</u>					INTERVAL BETWEEN ONSET AND DEATH <u>one yr</u>	
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.) <u>151xH</u>					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <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 <u>8/28/57</u> to <u>7/1/58</u> and last saw her/him alive on <u>7/1/58</u> Death occurred at <u>3:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Fride Mortensen M.D.</u>			22b. ADDRESS <u>3701 Grandel Square</u>		22c. DATE SIGNED <u>7/2/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-3-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri		
24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary 664 Chippewa, St. Louis, Mo (9)			25. DATE RECD. BY LOCAL REG. JUN 2 '58	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> 7/2/58		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Bill C. Benson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, Mo.*

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.