

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045843
State File No.

FILED JAN 12 1959

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 12231

1. PLACE OF DEATH a. COUNTRY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. CITY OR TOWN <u>4713 Kirkwood 0</u>	
c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>38 Homer G. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>27 478 S. Harrison Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u> Jake</u>		b. (Middle) <u> Hurt</u>	
c. (Last) <u> Hurt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u> Dec. 14, 1958</u>	
5. SEX <u> Male</u>	6. COLOR OR RACE <u> Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u> Married</u>	8. DATE OF BIRTH <u> Nov. 17, 1900</u>
9. AGE (In years last birthday) <u> 58</u>		10. UNDER 1 YEAR Months <u> 26</u>	
11. UNDER 2 HRS. Hours <u> 0</u> Min. <u> 0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u> Hopkinsville Ky. /</u>	
12. CITIZEN OF WHAT COUNTRY? <u> U.S.A.</u>		13a. FATHER'S NAME <u> Wash Hurt</u>	
13b. MOTHER'S MAIDEN NAME <u> Lula Rodfod</u>		14. NAME OF HUSBAND OR WIFE <u> Ardellia Hurt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> No. No.</u>		16. SOCIAL SECURITY NO. <u> 293-07-4643</u>	
17. INFORMANT'S SIGNATURE OR NAME <u> Ardellia Hurt</u>		ADDRESS <u> 478 S. Harrison Ave</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> Myocardial Infarction</u> ANTECEDENT CAUSES <u> Contrib: - Occlusion of Coronary Artery left descending caused by Arteriosclerotic changes</u> DUE TO (b) <u> 420.1</u> DUE TO (c) <u> /</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) / SUICIDE / HOMICIDE	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u> 6:55 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u> Strick E. Taylor Currier</u> (Degree or title) <u> 3</u>		23b. ADDRESS <u> 1300 Clark</u>	
23c. DATE SIGNED <u> 12/18/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u> Burial</u>	
24b. DATE <u> Dec. 19, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u> Father Dickson Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u> Crewtwood Mo.</u>		DATE REC'D BY LOCAL REG. <u> DEC 18 '58</u>	
REGISTRAR'S SIGNATURE <u> Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> John W. Hemphill</u>	
ADDRESS <u> m.g.B. (Licensed Embalmer's Statement on Reverse Side)</u>		ADDRESS <u> 408 S. Fillmore Kirkwood 22. Mo.</u>	

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

Licensed Embalmer No. 4499

P. O. Address 408 S. Hall

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.