

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007998
STATE FILE NUMBER

FEB 24 1959 Registration District No. 317 Primary Registration District No. 50C Registrar's No. 453

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Town & Country
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) #2 Ronald Lane
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Karoline Middle Kury Last Kury			4. DATE OF DEATH Month Feb. Day 14 Year 1959		
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5. SEX Female	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 Sept. 18, 1908	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Heiden Heim Schnaitheim Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Kasper Schwarz	13b. MOTHER'S MAIDEN NAME Kathrina Bassler	14. NAME OF HUSBAND OR WIFE August Kury
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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. 492-24-4947	17. INFORMANT August Kury, #2 Ronald Lane,	Address Town & Country
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN tumor, 3rd Ventricle, Type not determined.		INTERVAL BETWEEN ONSET AND DEATH 20 Mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) determined.	
	DUE TO (c) Diabetes Mellitus, Sec to 1	20 Mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year	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 Kirkwood, Mo.	COUNTY Mo.	STATE
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21. I attended the deceased from 7-12-57 to Feb 7, 1959 and last saw her alive on Feb 7, 1959 Death occurred at A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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21a. SIGNATURE George E. Rouche M.D.	(Degree or title)	22b. ADDRESS 3720 Leokiping Ave	22c. DATE SIGNED 2-14-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/17/59	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) Kirkwood, Mo.	(State)
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24. FUNERAL DIRECTOR Pfztinger Mortuary,	ADDRESS Kirkwood, Mo.	25. DATE RECD. BY LOCAL REG. 2-16-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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ALL DISEASES IN PART I MUST BE CAUSALLY RELATED. MEDICAL CERTIFICATION. GEORGE E. ROUCHE HAS 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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ben E. Hoffm*

Licensed Embalmer No. *11236*

P. O. Address *Amun*

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.