

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10094 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 64 yrs  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 6318 Juniata Street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
LAWRENCE R. KURT Oct. 29, 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 6/6/1871 9. AGE (last birthday) 90 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) printer 10b. KIND OF BUSINESS OR INDUSTRY newspapers 11. BIRTHPLACE (City and state or country) Milwaukee, Wisc. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Kurt 13b. MOTHER'S MAIDEN NAME Amelia Gilmer (Berschenski) 14. NAME OF HUSBAND OR WIFE Mary J. Pilliod

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. \_\_\_\_\_ 17. INFORMANT Mrs. Mary J. Kurt, 6318 Juniata St. (9) Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease  
 DUE TO (b) & Decompensation  
 DUE TO (c) 420.0  
 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 (b).  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 1957 to Oct 29, 1961 and last saw her Oct 29, 1961 him alive on Oct 29, 1961  
 Death occurred at 7:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Joseph E. Carney MD 22b. ADDRESS 3609 S. Jefferson 22c. DATE SIGNED 10-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 11/1/61 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Avenue 25. DATE RECD. BY LOCAL REG. OCT 31 1961 26. REGISTRAR'S SIGNATURE Loan Smith. M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Dr. Jos. E. Carney  
3600 So. Jefferson Ave.  
4-6 pm

**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 Homer W. Fritz

Licensed Embalmer No. 3882  
P. O. Address St. Louis

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.