MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-043163
STATE FILE NUMBER

AMENDED

Registration District No. 367 Primary Registration District No. 541 Registrar's No. 3206

FILED NOV 21 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: 2½ weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Co. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Bel Ridge Heights
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9050 Natural Bridge.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ELIZABETH Middle Last HURLEY
4. DATE OF DEATH: Month Nov. Day 12. Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-3-1872
9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ~~Unknown~~ ROBERT King
13b. MOTHER'S MAIDEN NAME: ~~Unknown~~ LILLIAN SETTLE
14. NAME OF HUSBAND OR WIFE: Rueben C. Hurley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: William Hurley Address: 9050 Natural Bridge

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized atherosclerosis
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 10-25-61, to 11-12-61 and last saw her alive on 11-12-61
Death occurred at 4:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Albert L. Howe M.D. (Degree or title)
22b. ADDRESS: 601 S. Brentwood, Clayton
22c. DATE SIGNED: 11/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-15-61
23c. NAME OF CEMETERY OR CREMATORY: Friedens Cem.
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 9450 Olive St. Road
25. DATE RECD. BY LOCAL REG.: 11-13-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

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 William B White

Licensed Embalmer No. 4291

P. O. Address_____

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.