

U.S. No. 2
FORM-5-43
Rev. 5-17-39
X 38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 392
Registrar's No. 72?

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town
(c) Name of hospital or institution
5233 Nottingham
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mildred Theresa Hurni
3. (b) If veteran. No
3. (c) Social Security name war. No. None

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife William Hurni
6. (c) Age of husband or wife if alive years
c7. Birth date of deceased 5 1 1887 (Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Mt. Olive, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Ernest Loescher
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Theresa Hausler
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Melvin Hurni
(b) Address Pittsfield, Mass.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-26-1945 (Month) (Day) (Year)

(c) Place of burial or cremation Mt. Olive Ill.,
C Hoffmeister Colonial Mortuary
18. (a) Signature of funeral director
(b) Address 6464 Chippewa, St. Louis Mo.

19. (a) JAN 24 1945 (Date received local registrar) (b) Medical (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5233 Nottingham (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 22 year 1945 hour 10 minute 6 M.

21. I hereby certify that I attended the deceased from
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocardio sclerosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (a) Means of injury
23. Signature Patricia E. Taylor (M.D. or other)
Address Date signed 1/24/45

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

Carroll Price

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Tanager Street*

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 this body is not embalmed, fact should be so stated above.