

FILED MAY 2 1948 18

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community _____
years, months or days)

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? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM H. HURNI**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mildred Hurni** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **October 18th 1884**
(Month) (Day) (Year)

8. AGE: Years **59** Months **6** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Appleton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Post Office Dept.**

12. Name **Gottlieb Hurni**

13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Forsterling**

15. Birthplace **Belleville, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mildred Hurni**
(b) Address **5233 Nottingham, St. Louis, Mo.**

17. (a) **Removal by hearse** (b) Date thereof **4-26-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive, Illinois**

18. (a) Signature of funeral director **C. Hoffmeister Colonia Mortuary**
(b) Address **6464 Chippewa St. Louis, Mo.**

19. (a) **APR 25 1944** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22nd**
year **1944** hour **30** minute **45 A. M.**

21. I hereby certify that I attended the deceased from **April 13, 1944** to **April 22, 1944**
that I last saw him alive on **April 20, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism** Duration **12 min.**

Due to **Phlebitis Rt. thigh** 9 days

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H. M. Paschen** (M. D. expires **9/10**)
Address **3903 Olive St. St. Louis, Mo.** Date signed **4/24/44**

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

MOTHER FATHER

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. Schuyler

Licensed Embalmer No. 2679

P. O. Address. 732 Lemay

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.