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DEBARTMENT OF COMMERCE	STATE BOARD OF H	EALTH OF MISSOURI 19	0.017		
BURBAU OF THE CENSUS		CICATE OF DEATH	957		
	SIANDAKD CEKIIF		***************************************		
MALED MAY 2 1948 18	2	1000 91	⊇ /4 -1		
Registration District No.	Primary Registration Distr	rict No	<u> </u>		
1 PLACE OF BEATH:		T	100		
			05		
(a) County 87. [011] 8	Wagauri	(a) State Missouri (b) County	111		
(b) City or town St. LOUIS, MISSOURI		11	GU		
(If outside city or town limits, write "RURAL" and name of township) (a) Name of hospital or institution:		(c) City or town	Z _]		
5233 Nottingham			VI.,)		
(If not in hospital or institution, write stress number or location)			P7 445 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
(1) Bot to morphism or institution, write stress number or occasion)		11			
(Specify whether		(e) Citizen of foreign country?			
In this community			7)		
yesrs, manths or days) If yes, name country					
- /	MEDICAL CERTIFICATION				
(a) County (b) City or town (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) 3. (a) PRINT WILLIAM H. HURNI		11	A		
	1 () 5 () 6 ()	20. DATE OF DEATH: Month ALT11 day 2	2nd		
3. (b) If veteran,	3. (c) Social Security	1 1944 hour 20 minute	45 A. M.		
name war	NoNo	11			
Z			***************************************		
name war No None No. None No. None S. Color or 6. (a) Single, widowed, married, divoced married			2		
4. Sex Male Orace White	divorced married		19.44		
The state of the s					
Z 6. (b) Name of husband or wife 6. (c) Age of husband or wife if and that death occurred on the date and hour stated above. Durglione			Durgion		
1900 PP bi 00 i 40 i 40 i 40 i 40 i 40 i 40 i 4		Immediate cause of death.	13 41111		
- 片 1					
(Month)	(Day) (Year)				
/		Alo 1 to 1 The The al	AJ		
		Due to Villa Duck	9 days		
59 6 4			,		
.f <u></u>	hr. min.	1			
Ampleton	Missouri ()	Due to	******		
		1			
(State or foreign country) Other conditions					
10. Usual occupation.		(Include pregnancy within 3 months of death)			
. Industry or husiness Post Offic	se Dept.	The William of the Control of the Co	PHYSICIAN		
11. Industry or Dusiness		Major findings:	/ Philoidais		
ottlieb Hurn	ا سيم ا	Of operations			
E{	Switzerland		Underline the cause to		
1 S 11 Riethologe	(Seets or foreign country)		 which death 		
A / 14 Maiden name Clara Ferster	rling	Of autopsy.	should be charged sta-		
Pellerelle		·	tistically.		
		22. If death was due to external causes, fill in the following:			
Waldend Unes 4		II			
101 \0/ 1M1\0 MUMberser	**************************************	ll .			
Switzerland Switzerland Switzerland State or foreign country		(b) Date of occurrence			
Rambusta by has see 4-626-61944		/A Where did infury occur?	_		
(Manth) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place?			in public place?		
(c) Place: burial or cremation But Valve, 141144					
18. (a) Signature of funeral director. Hoffmeister Colonia Mortuary (Specify type of place)					
			THAD,		
11 19. (a) 11 11 11 11 11 11 11 11 11 11 11 11 11					
(Data received local registrar) (Registrar's signature) Address 3.903 Clause States to Date signed 72444					
		(Licensed Embalmer's Statement on Reverse Side)			
	Registration District No. 1. PLACE OF DEATH; (a) County	Registration District No. 1. PLACE OF DEATH: (a) County (b) City or town (ff outside city or townlimits, write "RURAL" and name of township) (c) Name of hospital or institution. 5233 Nottingham (d) Length of stay: In hospital or institution. In this community years, months or days) 3. (a) PRINT FULL NAME 3. (b) If veteran, name war. No. Asex Male 5. Color or 4. Sex Male 5. Color or 4. Sex Male 6. (c) Age of husband or wife. Mildred Hurni 7. Birth date of deceased. (Month) (Month) 9. Birthplace. (City, town, or county) (Clerk 11. Industry or business. Post Office Dept. (City, town, or county) (Clerk 12. Name. Gottlieb Hurni 13. (a) Informant (City, town, or county) (Clerk 14. Maiden name Clara Fersterling 15. Birthplace. (City, town, or county) (Clerk 16. (a) Informant Mildred Hurni (State or foreign country) (Clerk 17. Birthplace. (City, town, or county) (Clerk 18. (a) Informant Mildred Hurni (State or foreign country) (Clerk 19. Birthplace. (City, town, or county) (Clerk 11. Industry or business. Post Office Dept. (City, town, or county) (Clerk 16. (a) Informant Mildred Hurni (State or foreign country) (Clerk (City, town, or county) (State or foreign country) (State or foreign country) (Manth) (Dey) (Year) (A) Address 5233 Nottingham, St. Louis, Mo. (A) PR 25 1944 (A) Signature of uneral director - Hoffmei ster Colonia Methods (A) Address 5464 Chiappewa, St. Louis, Mo. (A) Address APR 25 1944	BURRAU OF THE CENSUR STANDARD CERTIFICATE OF DEATH Registration District No. 1003 Registrat's No. 31 1. PLACE OF DEATH (c) County. St. Louis, Missouri (d) City or town. St. Louis, Missouri (f) City or town. St. Louis, Missouri (d) City or town. St. Louis St. Louis St. Louis St. Louis St. Louis St. Louis (d) City or town. St. Louis (d) State Missouri (d) City or town. St. Louis (d) City or town. St. Louis (d) Street No. (d) Street No. St. Louis (d) Str		

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Registered Apprentice No......

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......

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

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

the above constitutes grounds for revocation of license.)