

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 10 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. De Paul Hospital)

File No. 49401  
Registered No. 11888  
St. .... Ward)

## 2. FULL NAME

INFANT SCHURR  
(a) Residence, No. 4685 Kossuth Avenue St., .....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. 7 Ward. ....  
How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
Stillborn

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

MOTHER FATHER  
13. NAME Rudolph Schurr  
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

15. MAIDEN NAME Frances Mertz  
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT Rudolph Schurr (ADDRESS) 4685 Kossuth Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 2, 1936

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILE DEC 2 1936 J. Predeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1936  
22. I HEREBY CERTIFY, That I attended deceased St. Louis 19....., 19.....  
I last saw h. alive on ..... 19..... Death is said to have occurred on the date stated above, at 10:20 p. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Hoyd Stewart (Signed) Chas. E. Berg, M. D.  
(Address) Chas. E. Berg

Infant School

Mr. Paul King

Dr. Gray & Stewart