

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15229
Registrar's No. 988

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) 4713 OR TOWN Kirkwood 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 W. Woodbine		d. STREET ADDRESS (If rural, give location) 701 W. Woodbine	

3. NAME OF DECEASED (Type or Print)	a. (First) Paul	b. (Middle) F.	c. (Last) Schurig	4. DATE OF DEATH (Month) (Day) (Year)	4-15-1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-11-1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4	IF UNDER 1 Wk. Days 7	IF UNDER 1 Wk. Hours	IF UNDER 1 Wk. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer	10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (State or foreign country) Germany 4	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Julius Schurig	13b. MOTHER'S MAIDEN NAME Emma Luebberf	14. NAME OF HUSBAND OR WIFE Johanna Schurig
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Kirkwood Johanna Schurig 701 W. Woodbine
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of liver		156A
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease		6 mos.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 19, 1949, to April 15, 1950, that I last saw the deceased alive on April 14, 1950, and that death occurred at 5 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE For E. J. [Signature]	(Degree or title) M.D.	23b. ADDRESS 124 E. Adams	23c. DATE SIGNED 4-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 4-17-50	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St Louis County
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DATE REC'D BY LOCAL REG. 4-17-50	REGISTRAR'S SIGNATURE Herbert R. Wombe, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Louis H. Bopp, Inc. Kirkwood, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

UPholsterer Woodbine

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
Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Wentwood 22 m

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.