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MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 124 - 93 303120

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

REGISTRATION DISTRICT NO. 42706 REGISTRAR'S NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): SHIRLEY HILL KURUSZ
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): APRIL 18, 1993
4. SOCIAL SECURITY NO.: 499-12-3372
5a. AGE - Last Birthday (Years): 69
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): FEBRUARY 20, 1924
7. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MISSOURI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No ☐ Unk.
9a. PLACE OF DEATH (check only one; see instructions on other side): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (specify)
9b. FACILITY NAME (If not institution, give street and number): St. John's Mercy Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Creve Coeur
9d. COUNTY OF DEATH: ST. LOUIS
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name): HENRY KURUSZ, JR.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY: HOMEMAKER
13a. RESIDENCE - STATE: MISSOURI
13b. COUNTY: ST. LOUIS
13c. CITY, TOWN, OR LOCATION: MANCHESTER
13d. ZIP CODE: 63021
13e. STREET AND NUMBER: 458 REDWOOD FOREST DR.
13f. INSIDE CITY LIMITS: ☒ Yes ☐ No
13g. YEARS AT PRESENT ADDRESS: ☐ Under 5 ☒ 5-9 ☐ 10-19 ☐ 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (CONTINUED)

PARENTS

17. FATHER'S NAME (First, Middle, Last): HARRY C. HILL
18. MOTHER'S NAME (First, Middle, Maiden Surname): GLADYS I. YOUNG

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARK KURUSZ
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2845 DOMINIQUE CIRCLE GALVESTON, TEXAS 77551-1570

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): SCIENCE STUDY
20b. DATE OF DISPOSITION (Month, Day, Year): APRIL 20, 1993
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WASHINGTON UNIVERSITY
20d. LOCATION - City or Town, State: ST. LOUIS, MISSOURI
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Maureen V. Witthaus
22a. NAME AND ADDRESS OF FACILITY: ANATOMY TRANSPORTING & CREMATION SERVICE 6305 SAN BONITA CLAYTON, MO 63105
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER: 1773

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Craniocerebral and chest trauma
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☐ No ☐ Unk.
25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No

CERTIFIER

26. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year): 4/18/93
27b. TIME OF INJURY: 4:23 P M
27c. WAS INJURY ALCOHOL-RELATED? (Not required in decedents) ☐ Yes ☒ No ☐ Unk.
27d. INJURY AT WORK? ☐ Yes ☒ No ☐ Unk.
27e. DESCRIBE HOW INJURY OCCURRED: Passenger - motor vehicle - off road
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify): roadway
27g. LOCATION (Street and Number or Rural Route Number, City or Town, State): Allerton-Six Flags Road Under I-44 Eureka, St. Louis County, Missouri
28a. (Specify) ☐ CERTIFYING PHYSICIAN ☒ MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Mary C. Case M.D.
28c. DATE SIGNED (Month, Day, Year): Apr. 23, 1993
28d. TIME OF DEATH: 5:35 P M
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Mary E. Case, M.D., Chief Medical Examiner, 6039 Helen Ave., St. Louis, MO 63134
29b. MO. LICENSE NUMBER: 32097
30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☒ Yes ☐ No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
32. REGISTRAR'S SIGNATURE: Mary E. Case, MD
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): APR 27 1993

'97 AUG -4 P1:33

ST. LOUIS COUNTY DEPARTMENT OF HEALTH
111 S. MERAMEC
CLAYTON, MISSOURI 63105

(Do not accept if rephotographed or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (Chap. 193.380 RSMo 1989)

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division Of Health of Missouri. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Department of Health, this date of

Registrar of Vital Statistics

DATE MAY 04 1993 PER

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Neal G. Buchanan the 4th day of August A.D., 19 97 at 1:33 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 25253.

FEE $10.00

Return: Neal G. Buchanan
435 Oak
KFO 97601

Bernetha G. Letsch, County Clerk
By Kathleen Ross