

DEC'D MAY 10 1938

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

12658
Do not use this space.

3262

1. PLACE OF DEATH

(a) County / Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. City Hospital #1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Curran 650

(a) Residence, No. 6403 Scanlon Ave. St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Guard (retired)
9. Industry or business in which work was done, as saw mill, bank, etc. City Workhouse
10. Date deceased last worked at this occupation (month and year) 15 yrs. ago
11. Total time (years) spent in this occupation

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

13. NAME John Curran
14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ellen Curran
(ADDRESS) 6403 Scanlon Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul 4-8 1938

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED APR 6, 1938 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to April 4th 1938
I last saw him alive on April 1st 1938 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Diabetes Mellitus 1918
Other contributory causes of importance: 59
Arteriosclerosis 1923

Name of operation None Date of _____
What test confirmed diagnosis? Usual Was there an autopsy? No

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? No.
If so, specify _____
(Signed) C. V. Wilcox M.D. M. D.
(Address) 3501 Exchange Ave. St. Louis, Mo

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.

Mr. Wiley
2201 Duval Ave
2-5

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Edward M. DeMatte*
Licensed Embalmer No. *3024*

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.)