

REC'D SEP 14 1939 791

Registration District No. 1008

Primary Registration District No. _____

Registrar's No. 7498

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. BAPT. HOSP 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS
(c) City or town RURAL WR
(If outside city or town limits, write "RURAL")
(d) Street No. CREVE COEUR MO
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME KATHERINE CURDT 630

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM CURDT 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: APRIL 29 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 0 If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name JOHN H. KINKER

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name CARDINE SIEMMEYER

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Curdt

(b) Address Creve Coeur P.O. #1

17. (a) BURIAL (b) Date thereof 9 1 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FEE FEE CEMETERY

18. (a) Signature of funeral director Baummann Bros.

(b) Address 2504 Woodson St. Overland Mo

19. (a) Aug 30 1939 (b) _____
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1939 hour 5³⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from 8-15-39
_____ 19____, to 8-29 1939;
that I last saw him alive on 8-29 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cholecystitis - no stones
Double parotitis (not mumps)

Due to _____

Due to _____

Other conditions 127
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ch. J. ... (M. D. or other)

Address 611 Olive St. St. Louis, Mo Date signed 8-30-39

MARGIN RESERVED FOR BURIAL

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.

U. S. GOVERNMENT PRINTING OFFICE
1938
Rev. 5-17-39
FORM 5-17-39
1 x 18 11

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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, above space should be left blank.