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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30148

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1554

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Maplewood~~ Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 3530 Greenwood
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James L. Curtis 632

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Curtis

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 3, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	10	27	hr. min.

9. Birthplace Piedmont, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Repairs

11. Industry or business

FATHER
12. Name John Curtis
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Murry
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Irene Curtis
(b) Address 3530 Greenwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Ironton, Missouri

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) SEP - 1 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30 year 1939 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound left side of chest (Revolver 32 cal) — Duration 8/30/39

Due to due to accident while cleaning a revolver

Due to

Other conditions (Include pregnancy within 3 months of death) 184

Major findings: Of operations Perforation of Pulmonary artery & L. bronchus wrt

Of autopsy Hemorrhage into left pleural cavity

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 Aug 30, 1939

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Gun shot wound

23. Signature [signature] (M. D. or other)

Address Coroner St. Louis County Date signed

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

MAR 23 1945

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.....H. B. Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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.