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13-40
7-39
X2315

Registration District No. 791

Primary Registration District No. 1003

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:
1944 a St. Louis Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 30 years

3. (a) PRINT FULL NAME Catherine Curia
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 Joseph Curia 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased August 28 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Castelvitrano Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Josenh Barone
13. Birthplace Castelvitrano Italy 5
(City, town, or county) (State or foreign country)
14. Maiden name Vera Tedoni
15. Birthplace Castermitano Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Curia
(b) Address 1944 a St. Louis av

17. (a) Burial (b) Date thereof Feb. 3 -41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director P. Ricci - son
(b) Address 1150 N. Kingshighway Blvd.

19. (a) 558-1-1047 (b) [Signature]
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 269
(d) Street No. 1944 a St. Louis
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1941 hour 8 minute _____ P. M.
21. I hereby certify that I attended the deceased from Jan 25
1941 to Jan 30 1941
that I last saw her alive on Jan 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Patent discharged from Hospital on Jan 30th
did at home on Jan 31st 40.

Due to Diagnosis: Hypertensive Cardiovascular disease
Due to (1) Coronary Arteriosclerosis
(2) Diabetes
Other conditions (3) Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations not operated 61
Of autopsy not done 107
61

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Lewis T. Moore (M. D. or other) _____
Address Dodge Hospital Date signed Jan 31, 41

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

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, and
Anthony J. Musali, Registered Apprentice No. 276
working under my personal supervision.

Signed Arnold W. Schoene
Licensed Embalmer No. 3864
P. O. Address St. Louis, 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, fact should be so stated above.