No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23704

Registrar's No. 6046

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4016a DETONTY ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 60 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

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

(d) Street No. 4016a DETONTY ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME HANNAH CURRAN

3. (b) If veteran, name war no

3. (c) Social Security No. 489-16-4867

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES CURRAN

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

7. Birth date of deceased APRIL (Month) 2 (Day) 1868 (Year)

8. AGE: Years 73 Months 3 Days 19 If less than one day hr. min.

9. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business SELF

MOTHER FATHER

12. Name MICHEAL CROWLEY

13. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

14. Maiden name ELLEN FOLEY

15. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant MRS. JOHN WEST

(b) Address 4016a DETONTY ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Howard + Son

(b) Address 4919 ST LOUIS AVE

19. (a) JUL 24 1941 (Date received by Registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 10:15 P.M. minutes

21. I hereby certify that I attended the deceased from July 13-38, 19 to July 21, 1941, that I last saw her alive on July 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 59

Of autopsy —

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 [signature] M. D. or other

Address 1446 S. Grand Date signed July 24 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. A. Howard

Licensed Embalmer No. 4939

P. O. Address 4912 ST LOUIS AVE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.