

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No.

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: ALEXIAN BROS. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3009 PARK
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26
year 1941 hour _____ minute a M.

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

Immediate cause of death:
Poststatic Pneumonia
Fracture of sternum
Suffered when deceased fell
in some unknown manner
near the vicinity of Hogan-Cass
ave.
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 21-1941
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place) (e) Means of injury _____
While at work? _____

23. Signature Thomas Calleras
Address Deputy Coroner Date signed 7/29/41

3. (a) PRINT FULL NAME ROBERT CURRAN

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

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

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

7. Birth date of deceased: ABOUT 1861
(Month) (Day) (Year)

8. AGE: Years ABOUT 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation: WIFE

11. Industry or business _____

12. Name John CURRAN

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

14. Maiden name MARY ELLEN UNK

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

16. (a) Informant Mrs John Lynch

(b) Address 3009 PARK AV.

17. (a) BURIAL (b) Date thereof JULY 28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schner

(b) Address 3125 Lafayette av.

19. (a) JUL 28 1941 (b) J. T. Gredick
(Date of local registrar) (Registrar's signature)

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

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17
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61

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.....

Joe Bollmer

Licensed Embalmer No. *4014*

P. O. Address.....

3125 Lafayette

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.