No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23927

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6269

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6yrs.1mo.27days. (Specify whether In this community 61yrs.2mos.19days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2612a No. 21st St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Patrick J. Curry

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White 1

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

6. (b) Name of husband or wife Josephine Beckley Curry

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 10 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Painter

11. Industry or business Painter

FATHER
12. Name Patrick James Curry
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Dunn
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Peter Todt

(b) Address 5400 Arsenal St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mnt HOPE CEM

18. (a) Signature of funeral director Jos P. Fendler Jr.

(b) Address 7128 Michigan Av

19. (a) JUL 31 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-40, 19__, to 7-29-41, 19__; that I last saw him alive on 7-29-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Tabo Paresis (Onset 7-1-40x)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Eidelman M.D. (M. D. or other)

Address 5400 Arsenal St Date signed 7/29/41

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Fernay

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.