

V. S. No. 2
FORM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4237
State File No. 1535
Registrar's No.

FILED MAR 17 1942 791

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 2753a Magnolia Avenue
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 23 600
(c) City or town St. Louis
(d) Street No. 2753a Magnolia Avenue
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Lewis N. Curlee
(b) If veteran, name war (c) Social Security No. 491-12-9215

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 17
year 1942 hour 5:15 minute P. M.

4. Sex Male race White
5. Color or race White
6. (a) Single, widowed, married, divorced, Widower
(b) Name of husband or wife (c) Age of husband or wife if alive years
7. Birth date of deceased March 9 1870

21. I hereby certify that I attended the deceased from 19 to 19 42
that I last saw him alive on 19 42
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 11 8 hr. min.

Immediate cause of death: Cerebral Apoplexy;
Duration

9. Birthplace Tamaro, Illinois
Retired Laborer

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation
11. Industry or business
12. Name Nicholas Curlee
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
16. (a) Informant Cletus Zimmerman

PHYSICIAN
Underline the cause to which death should be charged statistically.

(b) Address 2753a Magnolia Av.
17. (a) Burial (b) Date thereof 2/20/42
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director John H. Bibben Sr.
(b) Address 2639 Gravois Avenue
19. (a) Date received local registrar FEB 19 1942 (b) J. F. Bredeck (Registrar's signature)

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?
23. Signature Alfred Perry (M.D. or other)
Address Date signed 2/19/42

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Robert T. Lebkew

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.