

FILED MAY 11 1942

Registration District No. 784

Primary Registration District No. 1006

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Glendale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
301 Park Glendale
(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 MO (b) County St. Louis
(c) City or town Glendale
(If outside city or town limits, write "RURAL")
(d) Street No. 301 Park
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George A. Currier

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Currier 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 31 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Plattsberg N. Y
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Moses Currier
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert Lloyd
(b) Address 319 Park Glendale, Mo.
17. (a) Burial (b) Date thereof 5-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) MAY 6 - 1942 (b) E. J. McFarlan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1942 hour about minute 6:30 A.M.
21. I hereby certify that I attended the deceased from Sept 1944
May 5 1942 to May 5 1942
that I last saw him alive on May 5 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure Duration _____

Due to Physical weakness
Tuberculosis
Due to _____
Other conditions Cancer of rectum
(Include pregnancy within 3 months of death)
Practically nil
Major findings: _____
Of operations _____
Of autopsy Wob
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 W. J. Beckler (M.D. or other) _____
Address 1212 1/2 1st Hotel Date signed 5/6/42

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

94
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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 *John M Meyer*
Licensed Embalmer No. *3785*
P. O. Address *Wickwood, 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.