

FILED OCT 21 1942

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Park Lane Memorial Hospt. 0
(d) Length of stay: In hospital or institution.
In this community years, months or days

3. (a) PRINT FULL NAME: Anna Curry

3. (b) If veteran, name and war No. 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased. April 1st 1886 (Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Flat River, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Alfred Henry King
13. Birthplace Unknown, Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Isabella Gordon
15. Birthplace Unknown, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Albert Tucker
(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof 10-8-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) OCT 7 1942 (b) J.F. Bredick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Flat River, Mo. 5 NR
(d) Street No. 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1942 hour One minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 5 1942 to Oct 6 at 110 A.M. 1942 that I last saw her alive on Oct 6 at 6 AM 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis
Due to Perforation of Gall Bladder
Result of Cholecystitis 4 days
Due to Cholelithiasis
Duration 3 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No Operations
Of autopsy None made
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?

While at work (Specify type of place) (e) Means of injury
23. Signature John D. Leonard (M. D. or other)
Address 814 Metropolitan Bldg Date signed 10-6-42

JAN 5 1943

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 *Albert G. Hopper*
Licensed Embalmer No..... *2971*
P. O. Address.....

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.