S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35293

State File No. 9454

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9454

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 999 11

(a) State Illinois (b) County Marion

(c) City or town Salem RRD (If outside city or town limits, write "RURAL")

(d) Street No. 330 Almon (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Wallace Turner Curtis

3. (b) If veteran, name war

3. (c) Social Security No. 444-05-7786

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Geraldine Lee

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Oct (Month) 7th (Day) 1915 (Year)

8. AGE: Years 29 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Arapaho, Okla. (City, town, or county) (State or foreign country)

10. Usual occupation Book-keeper

11. Industry or business

MOTHER FATHER

12. Name Bays W. Curtis

13. Birthplace Leaf, Ga. (City, town, or county) (State or foreign country)

14. Maiden name Luella Potts

15. Birthplace Leaf, Ga. (City, town, or county) (State or foreign country)

16. (a) Informant Luella Curtis

(b) Address Covington, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Enid, Okla.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 12 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th year 1942 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from October 31, 1942 to November 11, 1942 that I last saw him alive on November 11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Resp. failure	
Due to Subarachnoid hem.	2 wks
Due to Rupt of arachnoid vessel	2 wks
Other conditions Hypertension 25/120 (Include pregnancy within 3 months of death)	

Major findings: Of operations Subarach. hem.

Of autopsy Subarach hem, polycystic kidney, enlarged heart.

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 E. W. Sutherland (M. D. or other)

Address BARNES HOSPITAL 0 Date signed

(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.....

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.