

S. No. 2
FORM 5-42
Rev. 5-11-41
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

169
State File No. 561
Registrar's No.

JAN 26 1943 318

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Clarence Curtis
(b) If veteran, name war No (c) Social Security N491-16-4173

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thelma 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased September 29, 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 19 If less than one day
hr. min.

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

10. Usual occupation Auto Body Repairman

11. Industry or business

MOTHER FATHER { 12. Name Benjamin Curtis
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Logan
15. Birthplace Waynesville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Curtis
(b) Address 407 a N. Euclid Ave.
17. (a) Burial (b) Date thereof 1-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Manchester, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) JAN 19 1943 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 407 a N. Euclid Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 18,
year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from January 13, 19 43 to January 18, 19 43
that I last saw him alive on January 18, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death
adhesive pericarditis, infarct of lung
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 9/11

Major findings:
Of operations
Of autopsy pericarditis, adhesive infarct of lung

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?

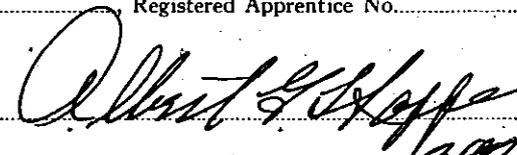
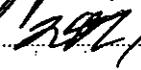
While at work? (Specify type of place) (e) Means of injury
23. Signature Frank H. Moore (M. D. or other) M.D.
Address 1515 Lafayette Avenue, Date signed 1/19/43

Duration
Responsible

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

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..... .....
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.