

FILED FEB 9 1943 318

1003

Registration District No.

Primary Registration District No.

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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community 3 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Rilye Curtis

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased March 15, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 12  
hr. min.

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

10. Usual occupation

11. Industry or business Nil

12. Name Unknown

13. Birthplace Unknown  
(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 J. M. Smith

(b) Address 2601 N. Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof Feb 17 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros Funeral Home

(b) Address 3704 Franklin Ave

19. (a) FEB 1 1943 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2624 Lucas  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 27,  
year 1943, hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from January 22,  
1943 to January 27, 1943  
that I last saw him alive on January 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy  
Cholelithiasis

Due to Unknown  
Due to Unknown

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. E. Smith (M. D. or other)  
Address 2601 Whittier Date signed 2/1/43  
(Specify type of place) (e) Means of injury

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

MOTHER FATHER

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

FEB 1 1947

*Embalmer's Separate Certificate to be filled in*

**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, above space should be left blank.**