

S. No. 2  
OM-2-43  
5-17-35  
I X3552

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36289  
9645

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED NOV 18 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
3938 Finney Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 25 Years | (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3938 Finney Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Curran Dinwiddie

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28  
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-25-43  
1943 to 10-28 1943  
that I last saw him alive on 10-28 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Willie Dinwiddie

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased January 8th 1858  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>9</u>	<u>20</u>	hr. _____ min.

9. Birthplace Unknown | Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Hardy Dinwiddie

13. Birthplace Unavailable | Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Chester Curtis

15. Birthplace Unknown | Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Mackey

(b) Address 490 W. St. Pittsburg, Calif.

17. (a) Burial (b) Date thereof 11-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave

19. (a) NOV 3 1943 | J. F. Bredak  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. C. Bredak (M. D. or other) \_\_\_\_\_  
Address 941 a N. Sarah St Date signed 11-3-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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.....

Thomas J . Gates

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 4259

P. O. Address. 4107 Finney Ave.

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.