

DEC 29 1943 318

Registration District No. **43**

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**
(c) Name of hospital or institution: **St. Louis City Hospital,
Max C. Starkloff Memorial**
(d) Length of stay: **In hospital or institution 3 Days**

In this community **Michael**
years, months or days

3. (a) PRINT FULL NAME **Michael Curran**

3. (b) If veteran, name war **492-10-2729**
3. (c) Social Security **492-10-2729**

4. Sex **Male** 5. Color of hair **Blk**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nora**
6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **September 27 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **2** Days **21**
If less than one day _____

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

10. Usual occupation **Service Manager**

11. Industry or business **University Club Bldg.**

MOTHER FATHER

12. Name **John Curran**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Delia**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nora Curran**

(b) Address **729 3rd St**

17. (a) **Burial** (b) Date of report **12-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Church**

18. (a) Signature of funeral director **Charles S. Stuart**

(b) Address **1225 Union Blvd.**

19. (a) **DEC 15 1943** (Date received local registrar)
J. J. Brecht (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **175**
(c) City or town **St Louis**
(d) Street No. **5664 Maple**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13**,
year **1943** hour **4:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **December 11**, 19**43**, to **December 13**, 19**43**
that I last saw him alive on **December 13**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis** Duration _____

Due to _____

Due to _____

Other conditions: **13**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy: **Tuberculosis, Right apex
2-Rt. Otitis Media = Resorption**

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 name of place) (b) Means of injury _____

23. Signature **Dr. Mad** (M. D. or other) _____

Address **1515 Lafayette Avenue** _____

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

Bernard J. Stuart
3500

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.