

S. No. 2
M-2-43
7-5-17-39
1 X35697

FILED MAY 15 1944 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 3824

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

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:
PRONOUNCED DEAD CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ALABAMA..... (b) County..... 999

(c) City or town..... MOBILE;
(If outside city or town limits, write "RURAL" NR

(d) Street No. 218 UPHAM STREET;
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME STANTON CURTIS

(b) If veteran, name war NONE

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from about 1940 to 4/21 1944
that I last saw him alive on 4/21/44 and that death occurred on the date and hour stated above. 1944

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife LILLIAN MCKAY CURTIS 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased DECEMBER 23 1874.
(Month) (Day) (Year)

Immediate cause of death. Coronary Aneurysm Duration

Due to Aterial disease

8. AGE: Years Months Days If less than one day

69 3 29 hr. min.

Due to

Other conditions (Includes pregnancy within 3 months of death)

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

10. Usual occupation (RETIRED 2 YEARS) (M.O. RR.)

11. Industry or business GEN'L PASSENGER AGENT

12. Name ARTEMUS CURTIS

13. Birthplace WUNKO NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name ESTHER WOODARD

15. Birthplace UNK MICHIGAN
(City, town, or county) (State or foreign country)

16. (a) Informant LILLIAN MCKAY CURTIS

(b) Address 218 UPHAM STREET, MOBILE, ALA

17. (a) REMOVAL (b) Date thereof APRIL 22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DALLAS TEXAS

18. (a) Signature of funeral director C.R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD

19. (a) APR 2 (b) J. F. Budeck
(Date received here/Registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy None

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?
(Specify type of place)

While at work? Means of injury

23. Signature O.W. The (M. D. or other)
Address 5938 Kingsbury Date signed 4/22/44

5938 Kingsbury
CH 5487
Mo 2 P. M.

3824

3824

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.