

X36871

FILED NOV 23 1945
318

1003

Registrar's No.

9827

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jefferson Hotel, 415 N. 12th - 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community Lifetime (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Hotel - 415 N. 12th
(If rural, give location) 0 2h
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John M. Curlee

3. (b) If veteran, name was World War I 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 16 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 27 hr. min. 0

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

10. Usual occupation Investment

11. Industry or business

MOTHER FATHER { 12. Name J. R. Curlee
13. Birthplace Rienza, Miss. (State or foreign country)
14. Maiden name Luna Rogers (State or foreign country)
15. Birthplace Miss. (State or foreign country)

16. (a) Informant H. C. Phillips
(b) Address 1001 Washington Ave.
17. (a) Burial (b) Date thereof Nov. 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director. Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) NOV 14 1945 J. F. Breakek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1945 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Septic crown of skull and brain as a result of infection in the room at the Hotel Jefferson - Exact time unknown - When found dead around 10:30 PM November 13, 1945

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Not

Of autopsy

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) homicide
(b) Date of occurrence Nov 13 1945
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hotel

While at work? (Specify type of place) (e) Means of injury to door

23. Signature Alfred Kelly (M. D. or other) 3
Address Alfred Kelly Date signed 11/14/45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Neville B. Frohwitter*.....

Licensed Embalmer No. 3696.....

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.