

FILED DEC 12 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10522

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillios Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Curtis
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race Col 6. (a) Single, widowed, married. 2 divorced WIDOWED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 31 - -
(Month) (Day) (Year)

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

9. Birthplace LEBANON Ill I
(City, town, or county) (State or foreign country)

10. Usual occupation LA Borer

11. Industry or business _____

12. Name CHARLES CURTIS

13. Birthplace Ill I
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Henderson

15. Birthplace MO U
(City, town, or county) (State or foreign country)

16. (a) Informant ARLINE BEVAN

(b) Address 2825 LAWTON AVE

17. (a) Burial (b) Date thereof Dec 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director J. H. HARRISON

(b) Address 2906 LAWTON

19. (a) DEC 5 1945 (b) J. A. Predeck
(Date received by registrar) (Registrar's signature)

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. 1104 N Whittier
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 2
 year 1945 hour 7 minute 5 P. M.

21. I hereby certify that I attended the deceased from Nov. 24, 1945, to Dec. 2, 1945;
 that I last saw him alive on Dec. 2, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Far Advanced Decompensation
 Duration Unk

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. B. Bernard (M. D. or other) _____

Address 2601 N Whittier Date signed 12/3

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 Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard 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.