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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1946

State File No. 28567

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6901

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

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. Phillip's 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 (40) Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2803 A. DELMAR Blvd.
(If rural, give location)

(e) Citizen of foreign country? Ees (Yes or No)

If yes, name country U. S. A.

3. (a) PRINT FULL NAME Clemitine. Curtis.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race COL.

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

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

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

7. Birth date of deceased Feb. (Month) 11 (Day) 1877 (Year)

8. AGE: Years 69 Months 5 Days 21 If less than one day hr. min.
~~[illegible]~~ about

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

10. Usual occupation House. Wife.

11. Industry or business Domestics

FATHER
12. Name PEIR. Joseph.
13. Birthplace PEIRDEROCH (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Catherine, Cattlin
15. Birthplace Holmes. County Miss (City, town, or county) (State or foreign country)

16. (a) Informant Gertrude. Nelson
(b) Address 2803 A. Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Farther. Dickson.

18. (a) Signature of funeral director John. H. Houston
(b) Address 2834 Gamble STREET

19. (a) AUG 8 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd
year 1946 hour 10 minute 05 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 Arteriosclerotic heart disease, fracture of right femur when she was bumped into
Due to by one Willie Bowman Col. Causing her to fall to
Due to the sidewalk in front of 809 No. Leffingwell ave.
Other conditions around 5-15 pm July 23 1946
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident - OTO
(b) Date of occurrence July 23 1946
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place (Specify type of place)
While at work? no (e) Means of injury see above

23. Signature Alfred Perry (M. D. or other) 3
Address Deputy Coroner Date signed 8/13/46

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.