

No. 2
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5-17-39
X33697

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 132

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36752
State File No.

Primary Registration District No. 5474

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Trouton Route #4
(c) Name of hospital or institution: Jefferson Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 88-10-15 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Trouton Route 4
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1946 hour 8 minute 25 AM
21. I hereby certify that I attended the deceased from Jan 1
1944, to Oct 5, 1946
that I last saw him alive on Oct 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 2 yrs.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations MI
Of autopsy _____
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) (Years of injury)
23. Signature E. A. Duffly (M. D. or other) _____
Address Trouton Mo. Date signed Oct 6 1946

3. (a) PRINT FULL NAME SAM CURTIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife Mary Dyer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 30 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Livingston Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Tom Curtis

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

14. Maiden name Emiline Keneade

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Curtis (son)

(b) Address Rt. D. 4 Trouton

17. (a) Burial (b) Date thereof 10 7 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davis Cem

18. (a) Signature of funeral director David Egan

(b) Address Trouton Mo

19. (a) 10-7-46 (b) Dave Egan
(Date received local registrar) (Registrar's signature)

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

33373

115

(Licensed Embalmer's Statement on Reverse Side)

1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. D. Lyman*

Licensed Embalmer No. *3109*

P. O. Address. *Trenton, 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.