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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22152

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6411

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: 2589 A MONTGOMERY (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether years, months or days) Yrs.

In this community

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. 2589 MONTGOMERY (If rural, give location) 20

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIE BELL CURRY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 3

5. Color or race NEGRO

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

6. (b) Name of husband or wife ARTHUR L. CURRY SR.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased AUGUST (Month) 16 (Day) 1904 (Year)

8. AGE: Years 42 Months 10 Days 16 If less than one day hr. min.

9. Birthplace MERDIAN (City, town, or county) MISSISSIPPI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name GEORGE BROWN
13. Birthplace UNKNOWED (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MARY CURRY

(b) Address 2589 A MONTGOMERY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/7/47 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director DUNN FUNERAL HOME

(b) Address 215 SO. JEFFERSON

19. (a) JUL 7 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1947 hour 7 40 minute P M.

21. I hereby certify that I attended the deceased from July - 1st 1947 to July 2nd 1947 that I last saw her alive on July - 2nd 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis, Chronical

Due to Rheumatism

Due to

Other conditions (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)

(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? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 2330 Franklin Date signed 7/3/47

(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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shoreto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.