

No. 2
-1/47
5-17-39

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

25440

State File No.

7280

National Office of Vital Statistics
FILED AUG 15 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis Mo.

(b) City or town: St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or name of building)

(d) Length of stay: In hospital or institution: 4826 Bellevue
(Specify whether)

In this community: 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: no.

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

(d) Street No.: 4634 McKissock Ave
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Louisa Curry

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: Female 5. Color or race: C

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: Louisa Curry, deceased

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

7. Birth date of deceased: June 3 1864
(Month) (Day) (Year)

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

83 2 1 _____ hr. _____ min.

9. Birthplace: Artesia Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation: nil

11. Industry or business: ✓

MOTHER: { 12. Name: Unknown

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

14. Maiden name: Unknown

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: Samuel Williams

(b) Address: 1621 Randolph St.

17. (a) (b) Date thereof: 8-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Charles W. Ellis' Home

18. (a) Signature of funeral director: Charles W. Ellis

(b) Address: 2821 St. Charles

19. (a) AUG 5 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1947 hour 6 minute 10 P. M.

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

Immediate cause of death: Acute Intestinal Obstruction (Volvulus)

Due to: _____

Due to: 1/22

Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autops: _____

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: _____ (c) Means of injury: 2

23. Signature: Walter H. Perry (M. D. or other) 2
Address: Jefferson City Date signed: 8/5/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

No. 2B
M. 3-45
1 X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug.
Registrar's No. 72800

Registration District No. 318 Primary Registration District No. 1003

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Louisa Curry
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color B 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 3 1883
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation kel

11. Industry or business

MOTHER FATHER
12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

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

18. (a) Signature of funeral director.....
(b) Address.....

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

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (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.....
year 1947 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions..... (include pregnancy within 3 months of death)
Major findings:
Of operations.....
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).....
(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..... (M. D. or other)
Address..... Date signed.....

SUPPLEMENTARY

SEP 2 1947

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

S-25440