V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1947

Registration District No. 31

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26330

Primary Registration District No. 6076

Registrar's No. 1626

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

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town Koch.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 days. (Specify whether
In this community 26 yrs. years, months or days)

2. USUAL RESIDENCE OF DEASCED:
(a) State Missouri (b) County St. Louis 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 927 No. Whittier 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Luther Curry
3. (b). If veteran, name war ?
3. (c) Social Security No. 495-22-4961
4. Sex M 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Earlie Curry
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased April (Month) 11 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
45 —	3	17	? hr. ? min.

9. Birthplace ? (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Foundry
FATHER
12. Name Ellie Curry
13. Birthplace ? (City, town, or county) Arkansas! (State or foreign country)
MOTHER
14. Maiden name Fennie Coleman
15. Birthplace — (City, town, or county) Arkansas! (State or foreign country)
16. (a) Informant Earlie Curry
(b) Address 3130 Franklin Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation OAK DALE
18. (a) Signature of funeral director J. J. Watson
(b) Address 2769 Arbuckle
19. (a) 7-31-47 (Date received local registrar) (b) Earl E. Shepard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1947 hour 06 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6/6/47, 19—, to 7/27/47, 19—, that I last saw him alive on 7/26/47, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	3 yrs.
Due to	
Due to 308	
Other conditions (Include pregnancy within 3 months of death) Syphilis, late latent.	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature William C. Barton II (M. D. or other)
Address Robert Koch Hospital Date signed 7/28/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1947

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 Chouteau

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.