

No. 2
1/47
17-39

FILED NOV 7 1947

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Registration District No. 318 Primary Registration District No. Registrar's No. 9906

1. PLACE OF DEATH:

(a) County.....

(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: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County WAS

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

(d) Street No. 6702 Lansdowne Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME KATHLEEN NANCY CURRAN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased Nov. 6 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	11	22 hr. min

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name George Curran

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Horak

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Curran

(b) Address 6702 Lansdowne Ave.

17. (a) Burial (b) Date thereof 10-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) OCT 20 1947 (b) J. F. Brecker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1947 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from October 27, 1947, to October 28, 1947
that I last saw him alive on October 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 1 day

Due to.....

Due to.....

Other conditions Constitutions
(Include pregnancy within 3 months to death)

Major findings:
Of operations.....

Of autopsy.....

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)

Signature J. F. Brecker (M. D. or other).....

Address 7702 Date signed 10/29/47

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..... *Richard W. Stovesand*.....

Licensed Embalmer No..... *4007*.....

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.