No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35632

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9623

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: 0
Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999
(c) City or town Venice 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1000 A Logan Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME CARTER CURTIS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lena Curtis
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August (Month) 31 (Day) 1869 (Year)
8. AGE: Years 78 Months 1 Days 14 If less than one day hr. min.
9. Birthplace Grand Chain (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business Farming
MOTHER FATHER
12. Name Jerry Curtis
13. Birthplace Unknown (City, town, or county) So. Carolina (State or foreign country)
MOTHER
14. Maiden name Challotte Mays
15. Birthplace Unknown (City, town, or county) So. Carolina (State or foreign country)
16. (a) Informant Lena Curtis
(b) Address 1000 A Logan, Venice, Ill.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Oct 16, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.
18. (a) Signature of funeral director J. Marshall
(b) Address East St. Louis, Ill.
19. (a) OCT 16 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1947 hour 6 minute 40 P. M.
21. I hereby certify that I attended the deceased from Jan 6 1945, 19..., to Jan 6 1947, 19..., that I last saw him alive on Oct 14, 1947, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~(a)~~ Hypertrophy of Prostate	3 mos
Due to ~~(b)~~	
Due to ~~(c)~~	
Other conditions (include pregnancy within 3 months of death) Hypertension	2 yrs

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) 0
While at work? (e) Means of injury

23. Signature A. M. Jackson (M. D. or other)
Address 1001 Caseyville St. L. Date signed 10/16/47

(Licensed Embalmer's Statement on Reverse Side)

A. M. Jackson

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 Thomas Marshall Dobson, Registered Apprentice No. 492, working under my personal supervision.

Signed Lydia Hughes

Licensed Embalmer No. 2938

P. O. Address St Louis 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.