

No. 2  
-12-45  
5-17-39  
I. X47070

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42940**  
**11533**  
Registrar's No. ....

FILED DEC 31 1947

**318**

Registration District No. ....

**1003**

Registrar's No. ....

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:  
**3107 Lawton Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... **3 weeks**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Eddie Lee Curry, Jr.**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **Col.** 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 **September 18, 1945**  
(Month) (Day) (Year)

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

9. Birthplace **Tiller Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

11. Industry or business.....

MOTHER FATHER

12. Name **Eddie Lee Curry**  
13. Birthplace **Tiller Arkansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Pratt**  
15. Birthplace **Tiller Arkansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Curry**

(b) Address **3107 Lawton**

17. (a) Burial (b) Date thereof **12-19-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **buried**

18. (a) Signature of funeral director **Walter Dales**  
(b) Address **3506 Franklin Ave**

19. (a) **DEC 18 1947** (b) **J. F. Bradack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**  
(d) Street No. **3107 Lawton Avenue** (If rural, give location) **9**  
**21** (e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **14**  
year **1947** hour **4:20** minute **P.** M.

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

Immediate cause of death..... **Broncho pneumonia** Duration.....

Due to.....  
Due to..... **107**

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) Means of injury..... **3**  
23. Signature **Eddie Curry** (M. D. or other).....  
Address **3107 Lawton** Date signed **12/17/47**

*Embalmer Separate cert. to be filed*

DEC 18 1941

**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.**