V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44576

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12106

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)
In this community 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town 26 Vandeventer Pl (If outside city or town limits, write "RURAL")
(d) Street No. St Louis (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Curry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1895 (Year)

8. AGE: Years 52 Months 5 Days 21 If less than one day hr. min.

9. Birthplace White Castle (City, town, or county) Louisiana (State or foreign country)
10. Usual occupation Laborer
11. Industry or business —
12. Name Jeff Curry (FATHER)
13. Birthplace Unk (City, town, or county) Louisiana (State or foreign country)
14. Maiden name Virginia Jackson (MOTHER)
15. Birthplace Unk (City, town, or county) Louisiana (State or foreign country)
16. (a) Informant S. Jenkins
(b) Address Homer G Phillips Hospital
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jefferson Barracks
18. (a) Signature of funeral director J. W. Randleton
(b) Address 4333 Bell Avenue
19. (a) JAN 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 4, 1947, to December 24, 1947; that I last saw him alive on December 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous Peritonitis	Unk
Due to	
Due to	
Other conditions: Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	Unk

Major findings:
Of operations
Of autopsy As above stated

PHYSICIAN — Underline the cause of 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

23. Signature O. L. Daniels (M. D.)
Address 2601 N Whittier St Date signed 12-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Thouteau

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.