S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2410

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 169

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 8 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4447 Page
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marshall Curtaindoll

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 27, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	8	hr. min.

9. Birthplace Missouri (St. Charles) (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Lawson Curtaindoll
13. Birthplace Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Moose
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mabel Hayes
(b) Address 4262 W. Cook Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell-Und., Co.
(b) Address 2732 Pine Street

19. (a) JAN 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1948 hour 12 minute A M.

21. I hereby certify that I attended the deceased from Dec. 28 1947 to Jan. 5 1948 that I last saw him alive on Jan. 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Prostate with Metastasis to bladder — Duration: Undet.

Due to

Due to

Other conditions Arteriosclerotic Heart Disease with Decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 Oscar L Daniel (M. D. or other)

Address 2601 N Whittier Date signed 1/5/48

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 Joel Russell

Licensed Embalmer No. 41/2

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.