

S. No. 2
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7. 5-17-39
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30936

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 24 1948

318

Registration District No. _____

1005

Registrar's No. _____

8073

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:
6381 Bancroft Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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. 6381 Bancroft Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ISABELLE CURLEY

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Curley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 20 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Reagen

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Flaherty

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Genevieve Curley

(b) Address 6381 Bancroft Ave.

17. (a) Burial (b) Date thereof Sep. 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: C. Hoffmeister Colonial Mortuary
Resurrection Cemetery

18. (a) Signature of funeral director _____
(b) Address 6464 Chippewa St.

19. (a) SEP 14 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 12
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9/12/48
_____ 19, to 9/14/48 19, _____
that I last saw him alive on 9/12/48 19, _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis, general

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8 1/2 N

Major findings: Of operations no op

Of autopsy no autopsy

Duration

2 wks

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) (e) Means of injury _____

23. Signature Saleen J. Ye (M. D. or other) _____

Address 4325 Bath Date signed 9/14/48

Dr. Dallas Dyer

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 7th Broadway

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.