

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37751

FILED DEC 1 1948
Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 278

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
927 North Fourth Street /
(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 St. Charles

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

(d) Street No. 927 North Fourth Street
(if rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Anthony G. Curtis:

3. (b) If veteran, name war NIL

3. (c) Social Security No. 497-03-0390

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1948 hour 6:10 minute P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie (Platte) Curtis

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 18 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/14 1948 to 11/15 1948
that I last saw him alive on 11/15 1948
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>3</u>	<u>27</u>	hr. _____ min.

Immediate cause of death uremia

Duration 3 days

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

Due to Septic Erythematosis (unrecorded) ?

Due to _____

10. Usual occupation Salesman

Other conditions None
(Include pregnancy within 3 months of death)

11. Industry or business Food Brokers Co

Major findings:
Of operations Two

Of autopsy Two

PHYSICIAN 76 B

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name James W. Curtis

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

14. Maiden name Mary O'Hanlon

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

16. (a) Informant Mrs. Marie Curtis

(b) Address 927 N. 4th-St. Charles, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 7 _____

(c) Where did injury occur? St. Charles (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

(c) Place: burial or cremation St. Charles Borromeo Cem St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 11-24-48 (b) Thomas Hamilton
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature R. O. Hanlon (M. D. or other) MO, O

Address St. Charles, Mo Date signed 11/15/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 30 1948

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 *Joseph I Landolt*
Licensed Embalmer No. *4159*
P. O. Address *St Charles 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.