

FILED DEC 8 1948 **318**
Registration District No.

Primary Registration District 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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days)

3: (a) PRINT FULL NAME..... **Reginald J. Curtis**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **491-14-6212**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife..... **Mary Jane Curtis**

6. (c) Age of husband or wife if alive..... **46** years

7. Birth date of deceased..... **March 10 1885**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	8	13	hr. min.

9. Birthplace..... **London England 4**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Manager**

11. Industry or business..... **St. Clair Country Club**

MOTHER FATHER

12. Name..... **Unknown**

13. Birthplace..... **England 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **England 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Mary Jane Curtis**

(b) Address..... **5855 Washington**

17. (a) **Removal** (b) Date thereof..... **11-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Belleville, Ill.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **NOV 26 1948** (b) **J. B. Lanster**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **St. Louis**

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

(d) Street No. **5855 Washington**
3 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23**
year..... **1948** hour **6** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Oct 15-48**
..... 19..... to **Nov 23** 19**48**
that I last saw him alive on **NOV 21** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **CARDIAC FAILURE** **3 HR.**

Due to..... **BRONCHOGENIC CARCINOMA.** **10MO.**

Due to.....

Other conditions..... **11/27**
(Include pregnancy within 3 months of death)

Major findings: **CONFIRMED ABOVE.**

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)
(e) Means of injury.....

23. Signature..... **James L. Priddy** (M. D. or other)
1634 N GRAND Date signed **11/26/48**

J

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, ~~only~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Elton R. Remelius*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis, 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.