

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1949

318

1003

State File No. 2584
498
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,				d. STREET ADDRESS (If rural, give location) #625 So. Skinker Ave			
3. NAME OF DECEASED (Type or Print) Lloyd		a. (First)		b. (Middle) Halden		c. (Last) Curtis	
4. DATE OF DEATH January 18 1949		4. DATE (Month) (Day) (Year)					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Dec. 12, 1889	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 6		IF UNDER 24 HRS. Hours 16			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Traffic		10b. KIND OF BUSINESS OR INDUSTRY South Western DUSTRY Bell Telephone Co.		11. BIRTHPLACE (State or foreign country) ST. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles D. Curtis		13b. MOTHER'S MAIDEN NAME Virginia Musick		14. NAME OF HUSBAND OR WIFE Margaret L. Curtis.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Margaret L. Curtis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ?		ANTECEDENT CAUSES				12 hour	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Hypertensive cardiovascular disease				10 yr.	
		DUE TO (c)				55 yr.	
		II. OTHER SIGNIFICANT CONDITIONS				2 yr.	
Conditions contributing to the death but not related to the disease or condition causing death. Squamous cell carcinoma of nose						16 yr.	
19a. DATE OF OPERATION 1/17/49		19b. MAJOR FINDINGS OF OPERATION Squamous cell carcinoma, metastatic to cervical lymph / glands				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 16, 19 49, to Jan. 18, 19 49, that I last saw the deceased alive on Jan 18, 19 49, and that death occurred at 12:02 a.m., from the causes and on the date stated above.							
23a. SIGNATURE F.R. Bradley (Degree or title) O.M.D.				23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 1/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1-20-49		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE Crematory		24d. LOCATION (City, town, or county) (State) ST. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JAN 18 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons: 7233 Delmar Blvd.			

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Arnold W. Schoene

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3864

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.