

FILED FEB 14 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 3444  
0657

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Johns</u>		d. STREET ADDRESS (If rural: give location) <u>2829 E. Dickey</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co Hospital</u>				d. STREET ADDRESS (If rural: give location) <u>2829 E. Dickey</u>			
3. NAME OF DECEASED (Type or Print) <u>BERNARD</u>		b. (Middle) <u>PAUL</u>		c. (Last) <u>CURRIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-6-1901</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 1 DAY Days <u>3</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Warehouseman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>West At P. Dist. St. Louis Ill.</u>		11. BIRTHPLACE (State or foreign country) <u>New Castle, Penna.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>William Charles Currie</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Kramer</u>		14. NAME OF HUSBAND OR WIFE <u>Clara O Currie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Joseph R Currie 2829 E. Dickey</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>crushing chest injuries &amp; internal hemorrhage, plus compound comminuted fractures of both legs - struck by automobile while crossing road, junction of St. Charles Rock Rd., and Natural Bridge Rd.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fractures of both legs - struck by automobile while crossing road, junction of St. Charles Rock Rd., and Natural Bridge Rd.</u> DUE TO (c) <u>Natural Bridge Rd.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 8/24 170 6-6 21</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Road</u>		21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis County, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 8 49 a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by automobile</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>alive on</u> _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>1/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-10-49</u>		REGISTRAR'S SIGNATURE <u>Edward G. Jennings MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>McCann Brothers 2035 Woodson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

96 303

**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 3457

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Overland 141,

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.