

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24722
State File No. 6841

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 1003		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		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS					
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G PHILLIPS				d. STREET ADDRESS (If rural, give location) 26 1735 N. 11TH STREET					
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) C. c. (Last) CURRY			4. DATE OF DEATH (Month) (Day) (Year) 8-2-1949						
5. SEX M - Negro		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-29-1885			
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR (Months) 7		IF UNDER 2 HRS. (Days) 13		IF UNDER 2 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) DEPT. SHERIFF			10b. KIND OF BUSINESS OR INDUSTRY SHERIFF'S OFFICE			11. BIRTHPLACE (State or foreign country) COLUMBUS MISSISSIPPI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME EPHRAIM CURRY		13b. MOTHER'S MAIDEN NAME ANNA GOINS		14. NAME OF HUSBAND OR WIFE CLARA CURRY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARA CURRY 1735 N. 11TH ST.					
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, asphyxia, etc. - It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____									
ANTECEDENT CAUSES									
DUE TO (b) Pulmonary Oedema									
DUE TO (c) Contrib. - Congestive									
II. OTHER SIGNIFICANT CONDITIONS									
Conditions contributing to the death but not related to the disease or condition causing death. Heart disease									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		95c		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7824			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:55 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Joseph M. Quinn (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/6/49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-8-49		24c. NAME OF CEMETERY OR CREMATORY GREEN WOOD		24d. LOCATION (City, town, or county) (State) ST LOUIS MO, MISSOURI			
DATE REC'D BY LOCAL REG. AUG 6 1949		REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples UND. Co 3100 FRANKLIN				

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

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.

Student _____
Student Embalmer

Signed _____

H. Claude Jordan
3483

Licensed Embalmer No. _____

P. O. Address _____
4575 Alder

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.