

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32515

State File No.

| | | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>6076</u> | | Registrar's No. <u>3073</u> | | | |
| 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>Baker</u> <u>2</u> | | c. LENGTH OF STAY (in this place) <u>1 yr 3 months</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | 017 7 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Training School</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Bellevue Farm & Halls Road 1</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHER</u> b. (Middle) <u>LEE</u> c. (Last) <u>CURTIS</u> | | | 4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>22</u> (Year) <u>1949</u> | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>July 26 - 1935</u> | | | |
| 9. AGE (In years last birthday) <u>14</u> | | IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u> | | IF UNDER 24 HRS. Hours <u>16</u> Min. <u>43</u> | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Arkansas</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>James Curtis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Kathie Berkeley</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>1</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Edward P. Wynn, M.D. Records of St. L. H.</u> | | | ADDRESS <u>Records of St. L. H.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status epilepticus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u> <u>14 hrs</u> <u>since birth</u> <u>3.532</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>353.2</u> | | | | 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) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>July 12</u> <u>1949</u> , to <u>Sept 22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 22</u> , 19 <u>49</u> , and that death occurred at <u>4:10 P.</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edward P. Wynn, M.D.</u> | | | | 23b. ADDRESS <u>St. Louis State Training School</u> | | 23c. DATE SIGNED <u>Sept 22 - 49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>9/29/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>9-24-49</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Nonge, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James G. Sneed, 3615-17 Easton Ave</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

BJ-2

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 Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Exton Ave

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.