

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31594

FILED OCT 5 1950

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1003

State File No.

8195

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8195			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		2017			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6616 Idaho				d. STREET ADDRESS (If rural, give location) 6616 Idaho					
3. NAME OF DECEASED (Type or Print) Margaret Curran			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 1, 1863			
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Wm. Roach		13b. MOTHER'S MAIDEN NAME Mary Reagan		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edna McCourt		ADDRESS 6616 Idaho			
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				INTERVAL BETWEEN ONSET AND DEATH 1 year	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic hypertensive disease				DUPLICATE OF (b) None					
DUPLICATE OF (c) None				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HSA 2					
22. I hereby certify that I attended the deceased from Jan 1, 1949 , to Sept 26, 1950 , that I last saw the deceased alive on Sept 25, 1950 , and that death occurred at 8 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Edna McCourt				(Degree or title) _____		23b. ADDRESS 7619 Jay			
23c. DATE SIGNED Sept 28-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-29-50		24c. NAME OF CEMETERY OR CREMATORY Cal vary			
24d. LOCATION (City, town, or county) (State) St. Louis, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand					
DATE REC'D BY LOCAL REG. SEP 29 1950		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____					

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

Mr. Owen McNamee
130 to 3

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *David Van Fossan*
Student Embalmer No.

Licensed Embalmer No. *4542*

P. O. Address *6527 80th 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.