

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1585

0500  
6

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 5

1. PLACE OF DEATH  
a. COUNTY JEFFERSON  
b. CITY (If outside corporate limits, write RURAL and give town) RURAL-MERAMEE  
c. LENGTH OF STAY (In this place) 7mo. 21day  
d. FULL NAME OF (If not in hospital or institution, give street address or location) ST. JOSEPHS HILL INF.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 4000  
d. STREET ADDRESS (If rural, give location) 211 W. OLD WATSON RD.

3. NAME OF DECEASED (First) JOHN (Middle) SABASTIAN (Last) CURTIN  
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) JAN. 22 1951

5. SEX MO.

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 6/5/1871

9. AGE (In years last birthday) 79 Months 7 Days 17 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY PLUMBING SUPPLY

11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PATRICK CURTIN

13b. MOTHER'S MAIDEN NAME ELLEN CODY

14. NAME OF HUSBAND OR WIFE MARGARET O'BRIEN

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 BRO. PASCHAL-ST. JOSEPHS HILL

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) CARDIAC INSUFFICIENCY  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) CHRONIC MYOCARDITIS  
DUE TO (c) GENERALISED ARTERIO  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS.

INTERVAL BETWEEN ONSET AND DEATH  
  
  
  
  
4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5/50, 19\_\_\_\_, to 1/22, 1951, that I last saw the deceased alive on 1/22, 1951, and that death occurred at 6:50p.m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Mander M.D. (Degree or title)

23b. ADDRESS 4323 ROLAND DRIVE

23c. DATE SIGNED 1/22/51

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 26, 1951

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. Jan. 27-51

REGISTRAR'S SIGNATURE Ruth Jirsa 438

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

JERFERNON COUNTY HEALTH DEPT.  
MURFRESBORO, TENN.  
DATE RECEIVED 1-30-51

FEB 5 1951

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.

Student Embalmer No.....

Signed Richard W. Stovesand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.