

FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3195

BIRTH NO. 38285-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY City Hospital
St Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON
c. LENGTH OF STAY (in this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Kinloch 4091
d. STREET ADDRESS (If rural, give location) Richard Ave 1

3. NAME OF DECEASED
a. (First) CURMETT b. (Middle) CUTHBERT c. (Last) CUTHBERT
4. DATE OF DEATH (Month) (Day) (Year) JAN. 2 1951

5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 8. DATE OF BIRTH 6-20-50 9. AGE (In years last birthday) 6 13 6 13 6 13 6 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) St. Louis City Hospital 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Alexander Cuthbert 13b. MOTHER'S MAIDEN NAME Esther Purnell 14. NAME OF HUSBAND OR WIFE Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Alexander Cuthbert ADDRESS S. Kinloch

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONITIS
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SEPTICEMIA
DUE TO (c) DIARRHEA
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1 week
INTERVAL BETWEEN ONSET AND DEATH 4 hrs
?

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 493x 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) 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 1-2, 1951, to 1-2, 1951, that I last saw the deceased alive on 1-2, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. Weible M.D. 23b. ADDRESS 601 S. Bronwood Clayton 5th 23c. DATE SIGNED 1-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) CRIAL 24b. DATE 1-5-51 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis City, Mo.

DATE REC'D BY LOCAL REG. 1-3-51 REGISTRAR'S SIGNATURE Herbert R. Danke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Bro. Purnell Home ADDRESS Kinloch

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

4022

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 Edward A Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 45 48th Page

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.