

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38888

State File No. _____

FILED DEC 15 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10841**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10841			
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, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION H. G. Phillips				d. STREET ADDRESS (If rural, give location) 3954 Page Blvd.					
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) W.		c. (Last) Currie		4. DATE OF DEATH (Month) (Day) (Year) 12 2 1951			
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 15, 1896		9. AGE (In years last birth day) 51 IF UNDER: YEAR 10 MONTH 17 DAY _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Bolten Mississippi		12. CITIZEN OF WHAT COUNTRY? /			
13a. FATHER'S NAME Allen Currie			13b. MOTHER'S MAIDEN NAME Mahalia Thomas			14. NAME OF HUSBAND OR WIFE Hortense Currie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World war #1		16. SOCIAL SECURITY NO. 494-36-6189		17. INFORMANT'S SIGNATURE OR NAME Collie Craig ADDRESS 3116 Taylor					
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, arthritis, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Undet. "	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from 11-26 , 19 51 , to 12-2 , 19 51 , that I last saw the deceased alive on 12-2 , 19 51 , and that death occurred at 12:05pm. , from the causes and on the date stated above.									
23a. SIGNATURE L. Lewis W. Harris U. (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 12-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-7-51		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. DEC 7 1951		REGISTRAR'S SIGNATURE J. C. Smith		25. GENERAL DIRECTOR'S SIGNATURE E. B. Coonce		ADDRESS 1221 N. Grand			

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

mks. (Licensed Embalmer's Statement on Reverse Side)

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 C. C. Green

Licensed Embalmer No. 47515-

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.