

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36280

FILED NOV 14 1952

State File No. _____
 Registrar's No. **9361**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 9361					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. LENGTH OF STAY (In this place) 3 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves Glendale							
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 385 North Berry Road 4651									
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE			b. (Middle) SCHULTE			c. (Last) CURRAN			4. DATE OF DEATH (Month) (Day) (Year) 10 9 52				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 18-1894		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Toledo, Ohio				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William H. Schulte				13b. MOTHER'S MAIDEN NAME Phoebe Simmon				14. NAME OF HUSBAND OR WIFE Maurice D. Curran					
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.D. Curran, 385 N. Berry Rd., Webster							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL EMBOLISM								INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		ANTECEDENT CAUSES											
		<p>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) RHEUMATIC HEART DISEASE</p> <p>DUE TO (c) _____</p>											
		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 416X								
22. I hereby certify that I attended the deceased from 1:00 p.m. 10-9, 1952, to 10-9, 1952, that I last saw the deceased alive on 10-9, 1952, and that death occurred at 3:15 p.m., from the causes and on the date stated above.													
23a. SIGNATURE F. Bradley (Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 10-10-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-11-1952		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.							
DATE REC'D. BY, LOCAL OCT 10 1952		REGISTRAR'S SIGNATURE J. Earl Smith				M.S. FUNERAL DIRECTOR'S SIGNATURE M. D. Parker Aldrich				ADDRESS F. Home Webster Groves Mo			

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

Inaction at death

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

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Woburn Grove, Ill*

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.