

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33063

State File No.

V. S. No. 300
Rev. 10-48

FILED OCT 15 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9285

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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) 10 mos.	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) K. c. (Last) Curtis		4. DATE OF DEATH (Month) (Day) (Year) 9 25 53	
5. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH March 13, 1863
9. AGE (In years last birthday) 90yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney	11. BIRTHPLACE (City and State or Foreign Country) Hebron, Wisc.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Law	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Mark Curtis		13b. MOTHER'S MAIDEN NAME Emmaline Folz	14. NAME OF HUSBAND OR WIFE Alice Redford Curtis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ralph E. Moody #13 Hortense Pl.
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Diabetes 2. Prostatism	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3 yrs.	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) (Minute)		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 9 - 19, 19 53, to 9 - 25, 19 53, that I last saw the deceased alive on 9 - 25, 1953, and that death occurred at 7:58p m., from the causes and on the date stated above.			
23a. SIGNATURE FR Bradley		23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 9/26/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Forest Home Cemetery
24d. LOCATION (City, town, or county) (State) Milwaukee, Wis.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6125 Delmar	
DATE REC'D BY LOCAL REG. SEP 26 1953		REGISTRAR'S SIGNATURE Earl Smith Ind	

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1954

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.....
Signature of Student Embalmer

Signed..... *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address..... *6170 P. O.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.