No. 300
10.48

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

FILED OCT 7 - 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 30727

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8599

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 2½ wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location) 6650 Oakland Ave. 2040

**3. NAME OF DECEASED** (Type or Print)
a. (First) JAMES
b. (Middle) LEE
c. (Last) CURTIS

**4. DATE OF DEATH** (Month) (Day) (Year) Sept. 30, 1955

**5. SEX** M
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married
**8. DATE OF BIRTH** Aug. 23, 1873
**9. AGE** (In years last birthday) 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) retired manager
**10b. KIND OF BUSINESS OR INDUSTRY** dairy creameries
**11. BIRTHPLACE** (City and State or Foreign Country) England
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Mathew Curtis
**13b. MOTHER'S MAIDEN NAME** Johanna Williams
**14. NAME OF HUSBAND OR WIFE** Abbie H. Curtis

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. E. J. Bedford, 6650 Oakland Ave.
ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) with generalized bone metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Senility 170X

**19a. DATE OF OPERATION** 9/24/55
**19b. MAJOR FINDINGS OF OPERATION** Cancer of breast, right
**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) m.
**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* 8/30, 1955 *to* 9/30, 1955 *that I last saw the deceased alive on* 9/30, 1955 *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] (Degree or title) MD.
**23b. ADDRESS** St. Louis Mo 5720 Washington
**23c. DATE SIGNED** 10/1/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify) removal
**24b. DATE** 10/3/55
**24c. NAME OF CEMETERY OR CREMATORY** Fayette City Cemetery
**24d. LOCATION** (City, town, or county) (State) Fayette, Mo.

DATE REC'D BY LOCAL REG. OCT 7 - 1955
REGISTRAR'S SIGNATURE J. Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** [signature] Inc 6175 Delmar
ADDRESS
(Licensed Embalmer's Statement on Reverse Side)

Dr. R W Kelley
Beaumont Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin L Kempe

Licensed Embalmer No. 4 0 3

P. O. Address 3505 De
St Louis 20 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.