

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6331

State File No. 1614

318

1003

Registrar's No.

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|---|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | | | |
| b. CITY OR TOWN St. Louis Mo | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4339 Olive St. | | | | 6. STREET ADDRESS (If rural, give location) 5255 St. Louis Ave. 20670 | | | |
| 3. NAME OF DECEASED (Type or Print) Thomas | | a. (First) | | b. (Middle) M. | | c. (Last) Curley | |
| 4. DATE OF DEATH Feb. 14 1956 | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | | 8. DATE OF BIRTH July 8 1890 | | 9. AGE (in years last birthday) 65 | |
| 5. SEX male | | 6. COLOR OR RACE white | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Theatre Mgr. | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Theatre Mgr. | | 10b. KIND OF BUSINESS OR INDUSTRY Moving Picture | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Daniel Curley | | 13b. MOTHER'S MAIDEN NAME Bridget Donohue | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes Navy W. W. I | | 16. SOCIAL SECURITY NO. 491 12 8669 | | 17. INFORMANT'S SIGNATURE OR NAME Marie Curley 5255 St. Louis Ave. | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of the stomach</u> Adenocarcinoma of the stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 10-22-53 | |
| 19a. DATE OF OPERATION 10-29-53 | | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of stomach with obstruction Adenocarcinoma - stomach - obstruction 151X | | | | 19c. 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>6-9</u> , 19 <u>55</u> , to <u>2-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>56</u> , and that death occurred at <u>2:40A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE A. M. Huggins <u>A. M. Huggins, M.D.</u> | | | | 23b. ADDRESS 734 No. Theatre Bldg. M.P. 734 No. Theatre Bldg. | | 23c. DATE SIGNED 2-14-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 17 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
| DATE REC'D BY LOCAL REG. FEB 15 1956 | | REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros. | | ADDRESS 3320 N. Kingshighway | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Bill C. Branson*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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.