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FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17736

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4987

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

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hosp.

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 ☐ No ☐
e. STREET ADDRESS (If rural, give location): 21 2939a Dickson 2219 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ada
b. (Middle):
c. (Last): Curry

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1956

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 26, 1929
9. AGE (In years last birthday): 27 — 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): Maid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Augusta, Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. Williams
13b. MOTHER'S MAIDEN NAME: Betty Lewis
14. NAME OF HUSBAND OR WIFE: Henry Curry

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.: 496-30-9586
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Daisy Nickson 2939 Dickson

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) Massive Intrathoracic Hemorrhage
ANTECEDENT CAUSES Contrib:- Penetrating stab wound
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of Left Chest penetrating the base
DUE TO (c) of Aorta; suffered when stabbed
II. OTHER SIGNIFICANT CONDITIONS with knife in hands of one
Conditions contributing to the death but not related to the disease or condition causing it. Bell Hunter, in home at
2629 Baldwin, about
820 pm., May 18 1956.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 18 56 8 20 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E982x

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 130A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James M Kelly Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 5-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 25 1956
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Memphis, Tenn.

DATE REC'D BY LOCAL REG.: MAY 24 1956
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. E.P.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: English Undtk. Co. 1123N. Taylor

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hallam R. Williams

Licensed Embalmer No. 49

4554 Lexington

P. O. Address.....

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