

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31977

FILED SEP 21 1956

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **7923**

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. Length of stay in 1b		d. STREET (If outside, give location) ADDRESS 916 St. Louis Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Ella May Curran First Middle Last			4. DATE OF DEATH August 26, 1956 Month Day Year
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 12, 1885
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 1 Days 26 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Eldorado, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Wm. P. Drake	
14. MOTHER'S MAIDEN NAME Mary Ellen Hamilton		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. --		17. INFORMANT Pearl Herbert, 916 St. Louis Ave. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Heart Coronary Atherosclerosis; DUE TO (b) Fracture of Left Hip, suffered DUE TO (c) in fall in Chicago. Fract PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) see fall in Chicago. Fract			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. TIME OF INJURY 4:20 P Hour Month, Day, Year a. m. p. m.		20c. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) None Unknown	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Eggs	
20f. CITY, TOWN, OR LOCATION St. Louis		20g. COUNTY St. Louis STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 212 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dwight or Title) James M Kelly Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 8-28-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/28/56	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24. FUNERAL DIRECTOR Robert D. Kinealy, 2228 St. Louis ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 28 1956	
26. REGISTRAR'S SIGNATURE Carl Smith MO			

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 *Robert W. Sincely*
Embalming
Funeral Director
Licensed Embalmer No.

P. O. Address

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.