

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35411

State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No.

8461

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		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		9. STREET ADDRESS (If rural, give location) 5943 Horton Place					
3. NAME OF DECEASED (Type or Print) Nora		a. (First)		b. (Middle)			
		c. (Last) Curran		4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1956			
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH Dec. 24, 1886		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Red Cross worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ireland			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown Cullinane		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Michael Curran		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.			
17. INFORMANT'S SIGNATURE OR NAME Mr. Maurice Conlisk, 5943 Horton Place		ADDRESS		5943 Horton Place			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Arteriosclerosis</i> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				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) (Min.)		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 <i>June 1952</i> , to <i>Sept. 11, 1956</i> , that I last saw the deceased alive on <i>Sept. 11, 1956</i> , and that death occurred at <i>9:30 P. M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Robert Potashnick M.D.</i>		23b. ADDRESS <i>508 N. Grand</i>		23c. DATE SIGNED <i>9/13/56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>Sept. 14, 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>			
		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>					
DATE REC'D BY LOCAL REG. <i>SEP 13 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Womella</i>			
		ADDRESS <i>3840 Lindell Blvd.</i>					

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 *Francis Williamson*

Licensed Embalmer No. *356*

P. O. Address *3848*

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.