

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36471

FILED NOV 7 - 1956

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2480

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		Length of stay in 1b 5 min.	d. STREET ADDRESS 8335 Orchard (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle C. Last Curtis			4. DATE OF DEATH Month Oct. Day 20 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 17, 1923
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months 33 Days 33 Hours 33 Min. 33	IF UNDER 24 HRS. Hours 33 Min. 33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Standish, Missouri
13. FATHER'S NAME Fred H. Curtis		14. MOTHER'S MAIDEN NAME Mabel Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Genevieve L. Curtis, 8335 Orchard 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) Acute, Severe Brain Damage			INTERVAL BETWEEN ONSET AND DEATH ± 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) -			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. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II, if applicable.) Lost control of automobile starting 3 1/2 hours after car on parking lot.		
20c. TIME OF INJURY Hour 10-20 Month 10 Day 20 Year 56 a. m. 56 p. m. 56	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Parking lot.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION University City, Mo. COUNTY St. Louis STATE Mo.		
21. I attended the deceased from 10-20-56 to 10-20-56 and last saw him alive on 10-20-56 Death occurred at 7:21 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank L. Hagadorn MD (Degree or title)		22b. ADDRESS 601 S. Brentwood Plaza E. Mo.	22c. DATE SIGNED 10/22/56
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 10/23/56	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
24. FUNERAL DIRECTOR PROVOST UND. CO., 3710 No. Grand ADDRESS		25. DATE RECD. BY LOCAL REG. 10-22-56	26. REGISTRAR'S SIGNATURE Herbert B. Dombrowski

(Licensed Embalmer's Statement on Reverse Side)

DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Gustav W. Dietrich*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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