

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 58-011509
STATE FILE NUMBER 3157

FILED MAR 27 1958

Registration District No. 318 Primary Registration District No. Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5724 Chamberlain		Length of stay in lb Years		d. STREET ADDRESS (If outside, give location) 5724 Chamberlain	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS M CURLEE			4. DATE OF DEATH Month Day Year March 17, 1958		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 1 1877	9. AGE (In years last birthday) 81	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) Chairman of board Curlee		10b. KIND OF BUSINESS OR INDUSTRY Clothing Co.		11. BIRTHPLACE (City and state or country) Corinth, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Peyton Curlee		13b. MOTHER'S MAIDEN NAME Mary Boone	
14. NAME OF HUSBAND OR WIFE Lucile Curlee Gostomski		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Years, or unknown) (If yes, give year of discharge or service) 186		16. SOCIAL SECURITY NO. 499-28-4187	
17. INFORMANT Address Iain		Mr. Shelby H. Curlee III 5724 Chamberlain			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>cerebral arteriosclerosis</u>					?
DUE TO (c) <u>332+</u>					
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 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 of item 18.) 2			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Sept 1950</u> to <u>Mar 17 1958</u> and last saw <u>her</u> alive on <u>Mar 17 1958</u> Death occurred at <u>3:12</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Samuel J Grant M.D.</u> (Degree or title)		22b. ADDRESS <u>114 N. Taylor Ave</u>		22c. DATE SIGNED: <u>3-18-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/19/1958		23c. NAME OF CEMETERY OR CREMATORY Corinth City Cemetery	
23d. LOCATION (City, town, or county) Corinth, Mississippi		(State)			
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar		ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 18 '58	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

City

CURLEE

APR 21 1958

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.