

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011510
STATE FILE NUMBER
3555

FILED APR 3 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3555

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-57

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|---|---------------------------|---|--|--|---|
| 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) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 HOSPITAL OR INSTITUTION 4141 Kossuth Ave. | | Length of stay in lb Lifetime | d. STREET ADDRESS (If outside, give location) 10 ADDRESS 4141 Kossuth Ave (15) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last CHARLES R. CURRAN | | | 4. DATE OF DEATH Month Day Year March 25, 1958 | | |
| 5. SEX Male 0 | 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 Sept. 27, 1901 | 9. AGE (In years last birthday) 56 | 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) Hauling Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Hauling | 11. BIRTHPLACE (City and state or country) St. Louis, MO. 0 | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Charles R. Curran | | 13b. MOTHER'S MAIDEN NAME Elizabeth Vahle | | 14. NAME OF HUSBAND OR WIFE Ruth Curran | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 352-28-7961 | 17. INFORMANT Address Elizabeth Curran 4141 Kossuth Avenue | | |
| 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>metastatic carcinoma (breast) to lung</u> <u>carcinoma lungs</u> 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) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>163x</u> | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Death occurred at <u>July 15 1957</u> to <u>3-25-58</u> and last saw him alive on <u>3-25-58</u> <u>3:20 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | 2 | | |
| 22a. SIGNATURE <u>Joseph P. Curran MD</u> (Degree or title) | | 22b. ADDRESS <u>3861 St Louis Ave MO</u> | | 22c. DATE SIGNED <u>3/28/58</u> | |
| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | | 23b. DATE <u>3/28/58</u> | 23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis, MO |
| 24. FUNERAL DIRECTOR SUEDMEYER & SON'S 3934 N. 20th Street | | 25. DATE RECD. BY LOCAL REG. MAR 28 '58 | | 26. REGISTRAR'S SIGNATURE <u>Richard Smith MD</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. Dutek*

Licensed Embalmer No. *4329*
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.