

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041438

STATE FILE NUMBER
10594

XC- 3121388

SL- 18165

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5. 300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE					
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 MONROE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 12 DAYS		d. STREET ADDRESS (If outside, give location) 207 S. DAVIS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM B CURLESS				4. DATE OF DEATH Month Day Year 11-4-58					
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 10-31-21			
9. AGE (In years at birthday) 37		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) TRUCKOR			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or county) FULTON COUNTY ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME DEWEY CURLESS			13b. MOTHER'S MAIDEN NAME DOLLY WILSON			14. NAME OF HUSBAND OR WIFE LOIS CURLESS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) YES WW-2			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBARACHNOID HEMORRHAGE, CEREBRAL EDEMA AND COMPRESSION DUE TO (b) POST CRANIOTOMY WITH BERRY ANEURYSMS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 330x							INTERVAL BETWEEN ONSET AND DEATH 2 HRS 24 HRS		
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.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 10-23-58 to 11-4-58 and last saw him live on 11-4-58 Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Herbert Luke M. D.				22b. ADDRESS VAH. ST. LOUIS, MO.		22c. DATE SIGNED 11-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/5/58		23c. NAME OF CEMETERY OR CREMATORY Monroe City, Mo		23d. LOCATION (City, town, or county) (State) Monroe City, Mo			
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd				25. DATE RECD. BY LOCAL REG. NOV 5 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED - 40
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DEC 11 1956

MAR 3 1959

VS APR 11 1961

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 *Hadley F. Geller Jr*
Licensed Embalmer No. *4950*
P. O. Address *St. Louis*

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.