

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016725

FILED VS. MAY 2 1960

2 4345

STATE FILE NUMBER

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

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| 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, MISSOURI | | Length of stay in 1b | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 410 N. Newstead Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First FRANCIS Middle J. Last CURTIS | | | 4. DATE OF DEATH Month APRIL Day 21 Year 1960 | | | |
| 5. SEX M. | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/24/1894 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President | | 10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chemical | | 11. BIRTHPLACE (City and state or country) Cambridge, Mass. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME James H. Curtis | | 13b. MOTHER'S MAIDEN NAME Mary E. McCarthy | | 14. NAME OF HUSBAND OR WIFE Single | | |
| 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 Address Mr. H.W. Faust 410 N. Newstead | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE | | INTERVAL BETWEEN ONSET AND DEATH SEVERAL YRS. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE | | 12 YEARS |
| DUE TO (c) 420.0 | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |

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|--|--|---|-----------------------------------|-------|
| 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 Cambridge, Mass. | COUNTY Cambridge, Mass. | STATE |
| 21. I attended the deceased from MARCH 17, 1936 to APRIL 21, 1960 and last saw her/him alive on APRIL 21, 1960 Death occurred at 3:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE (Degree or title) <i>FR Pradey</i> M. D. | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 4/21/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE April 25, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Cambridge Cemetery | 23d. LOCATION (City, town, or county) (State) Cambridge, Mass. | |

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| 24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i> 3840 Lindell Blvd. | 25. DATE RECD. BY LOCAL REG. APR 22 1960 | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> 11 8 60 |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis Williams

Licensed Embalmer No. 356

P. O. Address 3840

Note! THE ABOVE MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.