

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 26 1960

318

Primary Registration District No. 1003

Registrar's No.

1014460-039646 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 33 yrs	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 Christian Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4551 Clarence Avenue Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DANIEL F. CURRAN			4. DATE OF DEATH Month Day Year October 18, 1960			
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 4-23-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired foreman		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	11. BIRTHPLACE (City and state or country) Cincinnati, Ohio	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Patrick Curran		13b. MOTHER'S MAIDEN NAME Mary Farley		14. NAME OF HUSBAND OR WIFE Mary (May) Curran		
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. 488-05-2963		17. INFORMANT Address Mrs. Mary Curran, 4551 Clarence Ave		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 2 days
IMMEDIATE CAUSE (a) <i>Pulmonary Congestion</i>			
DUE TO (b) <i>Arterio-sclerotic heart disease</i>			
DUE TO (c) <i>420.0</i>			10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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

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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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 <i>June 8, 1951</i> , to <i>Oct 18, 1960</i> and last saw him alive on <i>Oct 18, 1960</i> Death occurred at <i>4:50 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>D. E. Trifunac M.D.</i> (Degree or title)		22b. ADDRESS 4222 North Grand Blvd.		22c. DATE SIGNED 10-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-20-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	23d. LOCATION (City, town, or county) (State) Helleville, Illinois	
24. FUNERAL DIRECTOR Stock Mortuaries, 2117 E. Grand		25. DATE RECD. BY LOCAL REG. OCT 19 1960	26. REGISTRAR'S SIGNATURE <i>Lead Smith. M.D.</i>	

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 Paul A. Wachter

Licensed Embalmer No. 117 B

P. O. Address Alton, Mo.

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