MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 4493 562 SL 19021 Primary Registration District No. 1003 Registrar's No. 8739 STATE FILE NUMBER 61-034193

AMENDED

FILED SEP 27 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b: 30 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMIN HOSPITAL — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: FERGUSON — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 325 PLAZA — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First JOHN Middle E. Last CURRIE
4. DATE OF DEATH: Month 9 Day 17 Year 61
5. SEX: MALE
6. COLOR OR RACE: CAU
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-24-12
9. AGE (last birthday): 49 — 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): MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY: RECORDS CENTER
11. BIRTHPLACE (City and state or country): BELLE FLOWER, ILL.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ROBERT CURRIE
13b. MOTHER'S MAIDEN NAME: ETHEL DUCOMMON
14. NAME OF HUSBAND OR WIFE: SALLY CURRIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW2
17. INFORMANT: SALLY CURRIE 325 PLAZA Address FERGUSON, MO. ~~FERGUSON~~

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA LARYNX METASTATIC TO HILAR AND MEDIASTINAL LYMPH NODES — INTERVAL BETWEEN ONSET AND DEATH: 3 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) 161+
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 VA 8-16-61, to 9-17-61 ~~XXXXXXXXXXX~~ and last saw him alive on 9-17-61
Death occurred at 8:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S. Wolfson S. WOLFSON (Degree or title) MD, VETERANS ADMIN HOSPITAL
22b. ADDRESS: 915 N. GRAND ST. LOUIS 6 MO
22c. DATE SIGNED: 9/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/21/1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR: White-Mullen Mortuary ADDRESS: Ferguson Mo.
25. DATE RECD. BY LOCAL REG.: SEP 20 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Reinhold F. Lohrmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 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.