

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046203

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11570** STATE FILE NUMBER

FILED DEC 18 1961

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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 | | Length of stay in 1b 54 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 6649 Fyler Avenue | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6649 Fyler Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Orvill Middle E. Last Curtis | | | 4. DATE OF DEATH Month December Day 11 Year 1961 | | | |
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|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|--|
| 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 2/23/1893 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months 9 Days 18 | IF UNDER 24 HR Hours 18 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer - Retired | 10b. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (City and state or country) Galien, Michigan | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Edson Curtis | 13b. MOTHER'S MAIDEN NAME Mary Reddington | 14. NAME OF HUSBAND OR WIFE (nee Hoffman) Florence L. Curtis |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 17. INFORMANT Address Mrs. Florence L. Curtis 6649 Fyler Ave. St. Louis, Mo. |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Acute coronary occlusion | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | Coronary insufficiency Arteriosclerotic heart disease | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity 4200 | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown |

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| 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.) |
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| 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 | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from **June 4, 1961** death and last saw her alive on **Nov. 25th 1961**
Death occurred at **appt** **10:30 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) Joseph P. Myrvari, M.D. | 22b. ADDRESS 3284 IVANHOE ST. LOUIS 39 | 22c. DATE SIGNED 12.12.61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/14/61 | 23c. NAME OF CEMETERY OR CREMATORY Lakewood Park | 23d. LOCATION (City, town, or county) (State) St. Louis Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial 6464 Chippewa, City | 25. DATE RECD. BY LOCAL REG. DEC 12 1961 | 26. REGISTRAR'S SIGNATURE Loed Smith M.D. |
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DATE AMENDED

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bill E. [Signature]

Licensed Embalmer No. 4767

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.