

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

#63-045348

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11606** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC - 2 1963		1. PLACE OF BIRTH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial Hospital for Children		Length of stay in 1b		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7845 Parkwood Dr.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BRYAN Middle S. Last CURTIS			4. DATE OF DEATH Month 11 Day 23 Year 1963		
5. SEX Male	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 10-22-63	9. AGE (last birthday) 1 Months 1 Days	IF UNDER 1 YEAR Hours 5 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME Shane J. Curtis		13b. MOTHER'S MAIDEN NAME Joyce H. (Kopfenstiener)		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) NO			17. INFORMANT Address Shane J. Curtis, 7845 Parkwood Dr.,		
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) Cerebral anoxia					5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) convulsive seizure					2 days
DUE TO (c) acute hepatitis 580x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prematurity					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 10:15 A.M. Month, Day, Year 11/23/63		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.) birth		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis STATE Mo.	
21. I attended the deceased from birth to 11/23/63 and last saw her/him alive on 11/22/63 . Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Jackson Eto</i> (Degree or title) M.D.			22b. ADDRESS 6500 Chippewa		22c. DATE SIGNED 11/23/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/25/63	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Mo. 63118			25. DATE RECD. BY LOCAL REG. NOV 25 1963		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

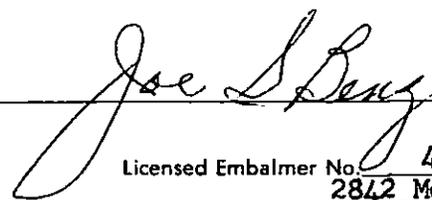
VS 300 Rev. 4/59
 1
 2 **202**
 3
 4 **0**
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 13
53
 USE BLACK INK OR TYPEWRITER RIBBON

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 _____



Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, Mo. 63118

No Embalming.

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.