N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8239
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 96
(b) Township ST. FERDINAND 1 Primary Registration District No. Registered No. 301
(c) City (d) Street No. Villa Gesu Riverview Drive St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sister Mary Austin Curry 236 600
(a) Residence, No. Villa Gesu St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: **********
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 29, 1872
7. AGE: YEARS 66 MONTHS 4 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: School Teacher
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy, Illinois 1

FATHER
13. NAME: Patrick Curry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sligo, Ireland 5 1

MOTHER
15. MAIDEN NAME: Cahterine Freel 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sligo Ireland

17. INFORMANT (ADDRESS): Sister Ignatia Villa Gesu, Riverview Dr.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Gesu Cem. DATE Feb. 14 1938
19. FUNERAL DIRECTOR (ADDRESS): C. Hoffmeister U. & L. Co. 7814 S. Broadway
20. FILED 2 7 4 1938 T. R. Meyer M.D. Dep. V
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 11 1938
22. I HEREBY CERTIFY, That I attended deceased from June 1934, to Feb 10th 1938
I last saw her alive on Feb 10th 1938. Death is said to have occurred on the date stated above, at 9.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pulmonary TBC	?

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Robert Adink M. D.
(Address) 5388 N. Union Blvd

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister; Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. C. Hoffmeister #387I

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)