R 27 1939

DEC'D APR 7 1939

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

12221
Do not use this space.

96

1. PLACE OF DEATH
(a) County ST. LOUIS Registration District No. 784
(b) Township ~~CLAYTON~~ Primary Registration District No. 101 Registered No. 559
(c) City CLAYTON (d) Street No. ST. LOUIS COUNTY HOSPITAL 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. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LEE WILLIAM McCURDY
(a) Residence, No. NEW HAVEN MO. 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: MALE
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) 7-31-1915
7. AGE: 23 YEARS MONTHS 7 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. RIVER WORK
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) OWENSVILLE MISSOURI

FATHER
13. NAME WILLIAM W McCURDY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIVERMORE PENNSYLVANIA

MOTHER
15. MAIDEN NAME LOTTIE MAE STEINER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW HAVEN MO.

17. INFORMANT (ADDRESS) Earl R. McCurdy BLACK JACK MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE NEW HAVEN MO. DATE 3-29-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. C. FERTIG & SON NEW HAVEN, MO.
20. FILED MAR 27 1939 R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.30PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile collision. While driving an automobile on a public highway which collided with the rear end on another automobile.	3/26/39
Other contributory causes of importance: Trauma of left side of chest with hemorrhage. Fracture of L.Hip.	3/26/39

Name of operation — Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 3/26/39
Where did injury occur? St. Louis County, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Public Place
Nature of injury Automobile collision
Traumatism left chest, no
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John O. Connell
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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, Earl C. Fertig, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Earl C. Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven 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 this body is not embalmed, above space should be left blank.