

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.

**NOV 13 1939 791**  
Registration District No. **1000**

Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:** **1000**  
(a) County 2 **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **5575 Easton Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **1**  
(c) City or town **St. Louis** **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5575 Easton Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

**3. (a) PRINT FULL NAME** **Charlotte C. Curtin 635**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** **Henry** **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years  
**7. Birth date of deceased** **Dec. 25 1878**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**60 9 7** hr. min.

**9. Birthplace:** **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **At Home**

**11. Industry or business**  
**12. Name** **David Carten 5**  
**13. Birthplace** **Ireland**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Hanna Drew**  
**15. Birthplace** **Ireland**  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** **L. J. Carten**  
**(b) Address** **5575 Easton Ave.**  
**17. (a) (Burial, cremation, or removal)** **Burial** **(b) Date thereof** **Oct. 5, 1939**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Calvary Cemetery**

**18. (a) Signature of funeral director** **J. H. Eubank & Co.**  
**(b) Address** **2842 Meramec St.**

**19. (a) OCT 3 1939** **(b) J. Eubank**  
(Date certified local health officer) (Signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Oct.** day **2**  
year **1939** hour **6** minute **A. M.**  
**21. I hereby certify that I attended the deceased from** **9/30**, 19**39**, to **10/2**, 19**39**  
that I last saw him alive on **10/11**, 19**39**  
and that death occurred on the date and hour stated above.

**Immediate cause of death** **Bronchial asthma** **Duration** **1 week**  
**Due to** **allergy** **2**  
**Due to** \_\_\_\_\_  
**Other conditions** **11 2**  
(Include pregnancy within 3 months of death)  
**Major findings:** **Of operations**  
**Of autopsy** \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**23. Signature** **Eduard Grawman** (M. D. or other) \_\_\_\_\_  
**Address** **2924 S. Grand St.** **Date signed** **10/3/39**  
(Specify type of place) (a) Means of injury \_\_\_\_\_

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Taron E. Percy

Licensed Embalmer No. 4094  
P. O. Address 2842 Meramec St.  
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 this body is not embalmed, above space should be left blank.**