

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8723

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2206

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town St Louis Mo
(c) Name of hospital or institution: De Paul Hosp
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County L
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No 5063 Highland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JAMES J CURRAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife MAY CURRAN 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased 11-8-1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3rd year 1940 hour 3 minute 40 P M.
21. I hereby certify that I attended the deceased from March 1st 1940 to Mar. 3 1940
that I last saw him alive on Mar 3 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 3 Days 25 If less than one day hr. min.

Immediate cause of death Lobar pneumonia Duration 2 days
Due to _____
Due to _____
Other conditions Osteo arthritis of spine - Dorsal
(Include pregnancy within 3 months of death) fever
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Electrician
11. Industry or business _____
12. Name JAMES CURRAN (I)
13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)
14. Maiden name MARY
15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Curran
(b) Address 5063 Highland
17. (a) Burial (b) Date thereof 3-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calmey Cem
18. (a) Signature of funeral director Sullivan
(b) Address 2849 No Euclid
19. (a) MAR 8 1940 (b) _____
(Date received local registrar)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. R. Menovon (M. D. or other) MD
Address 5330 Geraldine Date signed 3/5/40

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

Licensed Embalmer No. 3077

P. O. Address.....

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.

*Memorandum
Dr. H. E. Jones
5330 Geraldine*