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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19601

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 896

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 453 Gray 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 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES (If outside city or town limits write "RURAL")

(d) Street No. 453 GRAY (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME EDWARD GLION CURTIS 6 22

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ISABEL W. CURTIS 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased FEB. 11 (Month) — 1882 (Day) (Year)

8. AGE: Years 58 Months 1 Days 26 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LAWYER

11. Industry or business —

FATHER
12. Name WILLIAM SAMUEL CURTIS
13. Birthplace HENNEPIN (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name HOPE GOODSEN
15. Birthplace CINCINNATI (City, town, or county) OHIO (State or foreign country)

16. (a) Informant Thos. B. Curtis

(b) Address 453 Gray Ave. Webster Groves Mo

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof MAY 9 (Month) 1940 (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATION

18. (a) Signature of funeral director Parker Und Co

(b) Address Webster Groves Mo

19. (a) MAY 8 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1940 hour 3 minute a M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide by firearms	5/7/40
Due to: Gun shot wound of the head	5/7/40
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 7, 1940

(c) Where did injury occur? Webster Groves (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

(e) While at work? No (f) Means of injury G/S Wound

23. Signature John O Connell (M. D. or other)

Address Coroner St Louis Date signed 5/8/40

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1969 JUN 21 1948

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 Orrin B Lang

Licensed Embalmer No. 1586

P. O. Address Webster Groves

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.)

If this body is not embalmed, above space should be left blank.