

Registration District No. 791 Primary Registration District No. Registrar's No. 7763

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony's Hospital
(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

3. (a) PRINT FULL NAME Teresa M. Curran

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael T. Curran

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 11th 1868
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>72</u> | <u>2</u> | <u>4</u> | _____hr. _____min. |

9. Birthplace Franklin County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Repetto

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Droege

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Francis O. Curran

(b) Address 5033 Nottingham Ave.

17. (a) Burial (b) Date thereof 9-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 17 1940 (b) J. J. Prudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5033 Nottingham Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1940 hour 11:50 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept 12-40
12 1940 to Sept 15 1940.
that I last saw her alive on Sept 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia acute Rt lung
Lobar

Duration 7 days

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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) _____

(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? _____

es _____
(Specify type of place) (2) Means of injury

While at work? _____

23. Signature Robert Swarner (M. D. or other) _____
Paul Brown Date signed Sept 17-40

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

Dr. Robert G. Warner
Paul Brown Bldg.

10-20

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 Richard F. Johnson

Licensed Embalmer No. 3395

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.