

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH: St. Louis, Mo. /  
(a) County..... /  
(b) City or town.....  
(c) Name of hospital or institution City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3yrs. 2mo. 28day  
In this community About 65yrs.  
years, months or days

3. (a) PRINT FULL NAME HATTIE CURTIS  
3. (b) If veteran, No  
3. (c) Social Security No.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joe Curtis 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec. 25, 1864  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 24 If less than one day  
hr. min.

9. Birthplace Unknown South Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business Home private

12. Name John Esther

13. Birthplace Unknown South Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Mary -

15. Birthplace Unknown South Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Leta Dodd

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 12 23 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Elliot Fawcett

(b) Address 2820 Stockford St.

19. (a) DEC 23 1940 (b) J. V. Bredeck  
(Date received local registrar) (Registrar's signature)

2) USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. City Infirmery  
2328-a Biddle St. (if rural, give location) (rear)  
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 19 day 19  
year 1940 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from 9-22-37 to 12-19-40  
that I last saw her alive on 12-19-40  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis 1937x  
Due to General Arteriosclerosis  
1937x Senility 1937x

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy No.

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) (Specify means of injury)  
23. Signature Hubert P Smith (M. D. or other)  
Address 5400 Arsenal Date signed

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

MOTHER FATHER

**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

*L. Boye*  
*Truff*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Tommy B. Boye*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *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, fact should be so stated above.**

*10/10*