

Registration District No. **7911**

Primary Registration District No. _____

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

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:
Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 mos 25 d&e**
In this community **14 yrs**
(Specify whether years, months or days)

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. **1115 Montrose**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Cecila Curtis**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Colored**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **James Harris** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **9 5 1906**
(Month) (Day) (Year)

8. AGE: Years **34** Months **3** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Kansas City** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Made Work Private Homes**

11. Industry or business _____

MOTHER FATHER { 12. Name **Chapple Hendricks** **0**

13. Birthplace **Wornas Burg** **MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Linda Warren**

15. Birthplace **Lexaton** **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chauncey A. Hendricks**

(b) Address **3314 Rutger St St Louis mo.**

17. (a) **Buried** (b) Date thereof **12-27-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dickson Cemetery**

18. (a) Signature of funeral director **Huslowe**

(b) Address **2938 Dickson St**

19. (a) **DEC 26 1940** (b) **J. W. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **22**
year **1940** hour **5:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **July 27, 1940** to **December 22, 1940**
that I last saw her alive on **December 22, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Bronchopneumonia** **Undet**

Due to **HO**

Other conditions **Carcinoma of Cervix** **Undet**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **As above**

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 **1**

23. Signature **W. Smalley** (M. D. or other) **1**
Address **2601 N. Wiltier** Date signed _____

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

C. P. Howell

Licensed Embalmer No.

2452

P. O. Address

2870 Division

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.