

FILED SEP 8 1941

Registration District No. 754

Primary Registration District No. 202

Registrar's No. 1827

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Olmsted
(c) Name of hospital or institution:
9564 Bonhomme Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YEAR
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis Olmsted
(If outside city or town limits, write "RURAL")
(d) Street No. 9564 Bonhomme Road
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERTINE M BERTHA CURTIS

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex 1 FEMALE S. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 21 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name William Curtis
13. Birthplace (City, town, or county) unknown (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant George W. Flynn

(b) Address 1100 Cole St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director A. Kron R. & Co

(b) Address 2707 N. Grand Bly'd

19. (a) SEP - 3 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1941 hour 5 minute 15 AM

21. I hereby certify that I attended the deceased from May 16 1940 to Sept 2 1941
that I last saw her alive on Aug 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration _____

Due to cerebral hemorrhage
one 5-40 one 5/15-41
Died one at time of death.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83a
Of operations _____
Of autopsy _____

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) _____
(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 S. R. Parman (M. D. or other) _____
Address 3903 Olive Date signed 9/3-41

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

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 *Paul F. Knochenberg*
Licensed Embalmer No. *2631*
P. O. Address *2707 N. Howard*

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.