S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1942

Registration District No. 787

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11920

Primary Registration District No. 200

Registrar's No. 599

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8618 Henry Ave / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community all 19 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings (If outside city or town limits, write "RURAL")

(d) Street No. 8618 Henry Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Merritt M. Curry

3. (b) If veteran, name war No

3. (c) Social Security No. 488-03-3356

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine St. Amand

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 15 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Dept. Manager

11. Industry or business Stix, Bear, Fuller

FATHER
12. Name James Curry
13. Birthplace / Maine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Marshall
15. Birthplace Philadelphia / Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Curry

(b) Address 8618 Henry Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 16 1942 (Date received local registrar) (b) E. G. McGavran [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16 year 1942 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from 1920 Mar 16, 1942 to 1942, 19 ; that I last saw him alive on Mar 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION, Hypertension Heart disease	yrs
Due to Chronic Essential Hypertension	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas W Miller (M. D. or other) 3/

Address 408 Humboldt Blvd Date signed 1/16/42

(Licensed Embalmer's Statement on Reverse Side)

Mr. [illegible]
Humboldt Bldg.
Oct 4 1980

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.