No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22703

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6402

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 19 days (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4208 Page
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wilbert Curtis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased November 25, 1883 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Charles Curtis
13. Birthplace Ala. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ida Moss
15. Birthplace Ky. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof 7-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Automont Bond
18. (a) Signature of funeral director A. Fayro
(b) Address 3500 Rutgo
19. (a) JUL 30 1942 (Date received local registrar) (b) J. F. Budreck (Registrar's signature)
844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1942 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from May 23, 1942 to July 2, 1942; that I last saw him alive on July 2, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Prob. Ca. of Prostate — Unk.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

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)
(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 A. K. Fleet (M. D. or other)
Address 2601 Whittier Date signed 7/7/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.