

Registration District No. 318

Primary Registration District No. 1003

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:  
8714 Partridge Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Lonnie Cecil Curtis.

3. (b) If veteran, name war None 3. (c) Social Security No. 489-03-7376

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 15, 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>5</u>	<u>2</u>	..... hr. .... min.

9. Birthplace Waverly, Tennessee /  
(City, town, or county) (State or foreign country)

10. Usual occupation Coat Presser

11. Industry or business Curlee Clothing Co.

MOTHER FATHER

12. Name Robert Louis Curtis.

13. Birthplace Georgia /  
(City, town, or county) (State or foreign country)

14. Maiden name Alpha Anna Warnamaker.

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

16. (a) Informant Alice Phelan

(b) Address 8714 Partridge Ave.

17. (a) Removal (b) Date thereof Oct. 19, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly, Tenn.

18. (a) Signature of licensed embalmer Robert J. Dickhaut

(b) Address 1437 Union Blvd.

19. (a) Oct 19 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 923  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1834 Kennette Place.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1942 hour 4. minute 40 p. M.

21. I hereby certify that I attended the deceased from Oct 6, 1942 to Oct 17, 1942,  
that I last saw him alive on Oct 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 2 hours  
Due to Coronary thrombosis P

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

Major findings:  
Of operations.....  
Of autopsy.....

Duration

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 Augustine J. Arnold (M. D. or other) MD  
Address 1449 N. Saran Date signed 10-18-42

Mr. [unclear]  
1449 24th Ave  
6-8

**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 [unclear]*

Licensed Embalmer No. *2915*

P. O. Address.....

**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.**