. S. No. 2
OM—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34754

FILED NOV 6 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2224

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Columbia Bottoms Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Columbia Bottoms / Mo.
(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 50 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96 0
(c) City or town Columbia Bottoms Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Baden Station R. 3 Box 477
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julius Curt
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Alvina Curt
6. (c) Age of husband or wife if alive — — years
7. Birth date of deceased Aug. (Month) 14 (Day) 1865 (Year)

8. AGE: Years 77 Months 2 Days 11 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Edward Curt
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Anna Beck
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Clarence Curt
(b) Address Baden Station R. 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.
18. (a) Signature of funeral director Diedrich F. Home
(b) Address 8319 Halls Ferry Rd.
19. (a) OCT 27 1942 (Date received local registrar) (b) C. G. McLaurin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1942 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan 10, 1942, to Oct 25, 1942
that I last saw him alive on Oct 24, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	15 min
Due to Acute Gastritis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	

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 0
23. Signature Wm. A. Knight (M. D. or other)
Address 8201 N Broadway St. Louis Date signed 10/27/42

(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.....Arthur P. Diedrich

Licensed Embalmer No.....3556

P. O. Address.....St. Louis

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.