. S. No. 2
0M—5-42
. 5-17-39
P1 X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

Registration District No. 8

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4076

Registrar's No. 2137

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: 4875 Greer Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4875 Greer Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nora Curry
3. (b) If veteran, name war –
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Michael Curry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 5 (Day) 1868 (Year)
8. AGE: Years 75 Months 1 Days 28 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Patrick Ford
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER 14. Maiden name Nora Owens
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant James Curry
(b) Address 4875 Greer Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) MAR 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1943 hour 2 minute 45 P M.
21. I hereby certify that I attended the deceased from June 15, 1934 to March 3, 1943 that I last saw h. alive on March 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-vascular-renal disease	9 yrs
Auricular fibrillation	1 week
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) None
(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 Bernard F. Stolte (M. D. or other)
Address 2302 Salisbury St. Date signed 3-4-43

(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 Sheldon Collier

Licensed Embalmer No. 3382

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.