

FILED MAR 11 1943  
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 515

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town Fenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
River Road / Fenton, Mo.  
(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)

3. (a) PRINT FULL NAME Curtis Roy Sites

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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 Dec. 19 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 2 9 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Earl Sites  
13. Birthplace Manchester Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Alta Thomas  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Sites  
(b) Address River Road-Fenton, Mo.

17. (a) Removal (b) Date thereof 2-28-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shannon County-Mo.

18. (a) Signature of funeral director Louis H. Bopp, Inc.  
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) MAR 9 1943 (b) C. Y. McFarland  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28<sup>th</sup>  
year 1943 hour 8<sup>30</sup> minute 4 M.

21. I hereby certify that I attended the deceased from Dec. 19 1942 to Feb. 28 1943  
that I last saw him alive on Feb. 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure  
Duration.....

Due to Pneumonia (Bronchial) infectious

Due to.....

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

Major findings:  
Of operations.....

Of autopsy 107

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.....

Signature Clayton Seber (M. D. or other) MD  
Address Valley Park Mo Date signed 2/28/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Handwritten notes:* Duration...  
107  
Clayton Seber MD  
2/28/43

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**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.....

*Louis A. Bopp*

Licensed Embalmer No.....

*721*

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.**