

FILED MAR 25 1943 318

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthony's Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
(Specify whether Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100  
(c) City or town St. Louis, 12  
(If outside city or town limits, write "RURAL") 9 24  
(d) Street No. 3626 Nebraska Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country O

3. (a) PRINT FULL NAME Patricia Ann Curtin

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, Single

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

7. Birth date of deceased November 5, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 11 hr. min.

9. Birthplace St. Louis, Missouri O  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

MOTHER FATHER  
12. Name Clifford A. Curtin  
13. Birthplace St. Louis, Missouri O  
(City, town, or county) (State or foreign country)  
14. Maiden name Marjorie Mayfield  
15. Birthplace Arkansas /  
(City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Curtin  
(b) Address 3626 Nebraska Avenue

17. (a) Burial Date thereof 03 17 43  
(City or town) (County) (State)  
(b) Place: burial or cremation St. Matthew's Com.

18. (a) Signature of funeral director Fisher-Heldner Ward O  
(b) Address 3634 Gravois Avenue

19. (a) MAR 17 1943 J.F. Bruck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1943 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Mar 15  
1943, to Mar 16 1943;  
that I last saw him alive on Mar 16 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura hemorrhagica

Due to  
Due to

Other conditions (Include pregnancy within 5 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) (c) Means of injury  
23. Signature R. Berg (M. D. or other)  
Address 253 Nebraska O Date signed 3/17/43

**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 J. Wland*

Licensed Embalmer No. ....

*2675*

P. O. Address.....

*St Louis Mo*

**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.**