

FILED JUL 17 1943
Registration District No.

318

Primary Registration District No.

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:
BE PAUL HOSP. O
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 1199
(c) City or town ST LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 7406 Michigan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LOUIS. J CURTIS.

3. (b) If veteran, name war NO 3. (c) Social Security No. 487-22-7218

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHANNA 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased APR. 21 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 2 15 hr. min.

9. Birthplace ST. LOUIS MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Philadelphia Quartz Co

12. Name Louis Curtis

13. Birthplace St Louis, mo O
(City, town, or county) (State or foreign country)

14. Maiden name Mary Barry

15. Birthplace Cape Girardeau, mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Curtis
(b) Address 7406 MICHIGAN

17. (a) BURIAL (b) Date thereof JUL 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LANN CEM.

18. (a) Signature of funeral director Jos. B. Fowler
(b) Address 7128 MICHIGAN
19. (a) July 10 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's district)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6
year 1943 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death 2nd 3rd degree Burns of 60% of Body from steam while working with discharging tank at the Philadelphia Quartz Co., 4238 Geraldine, about 12:05 PM July 3 1943

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 101

Of autopsy 15

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) Accidental MO

(b) Date of occurrence July 3 1943

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry
While at work? Yes (Specify type of place) (b) Means of injury Steam

23. Signature Walter Perry (M. D. or other)
Address W. Perry Date signed 7/7/43

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

Henry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

732 1/2 Haystack

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.