

No. 2
-8-43
5-17-39
X37823

FILED MAY 20 1944
Registration District No. **8**

Primary Registration District No. **1003**

Registrar's No. **4322**

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2423a Evans St. E.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nannie Curby

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter Curby 6. (c) Age of husband or wife if alive 1896 years

7. Birth date of deceased: (Month) Sept. (Day) 14 (Year) 1896

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8, year 1944 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 23, 1944 to May 8, 1944 that I last saw him er alive on May 8, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 8 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER { 12. Name John Hughes

FATHER { 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Moore

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant J. N. Hughes

(b) Address 2620 Lawton Blvd.

17. (a) Burial (b) Date thereof May 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. N. Hughes

(b) Address 2620 Lawton Blvd.

19. (a) MAY 10 1944 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

Immediate cause of death Bronchial Pneumonia

Duration 5 days

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

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? _____

While at work? 0 (Specify type of injury) _____ (c) Means of injury 0

23. Signature J. F. Brudick (M. D. or other) _____

Address 2601 Whittier Date signed 5/9/44

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 *Clark Young*

Licensed Embalmer No. *3371*

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.