

S. No. 2  
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v. 5-17-39  
I X36671

32187

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. **8280**

FILED OCT 20 1944  
318  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

9-20-44

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:  
**476 N. Kingshighway** **3**  
(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 **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **120**

(d) Street No. **26 Kingsbury Place**  
(If rural, give location) **17**

(e) Citizen of foreign country? **No.** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Shelby Hammond Curlee Jr.**

3. (b) If veteran, name war **World War II**

3. (c) Social Security No. **489-03-7292**

4. Sex **Male** **0** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Elise Durbrow**

6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Jan 28 1903**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**41** **7** **28** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Corinth Miss.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **President, Curlee Clothing**

11. Industry or business **Clothing Mfgs. (Co)**

12. Name **Shelby Hammond Curlee**

13. Birthplace **Jacinto Miss**  
(City, town, or county) (State or foreign country)

14. Maiden name **Luella Duncan**

15. Birthplace **Huntsville Ala.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Shelby H. Curlee Jr.**

(b) Address **26 Kingsbury Place.**

17. (a) **Removal** (b) Date thereof **9/28/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Corinth, Miss.**

18. (a) Signature of funeral director **Wagoner Mortuary**

(b) Address **4161 Lindell Blvd.**

19. (a) **SEP 28 1944** (b) **J. Z. Brudeck**  
(Date) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **26**  
year **1944** hour **2** minutes **20 P.**M.

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

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation by drowning when he went for at the bottom of the Regent**  
**Due to chest swimming pool, 476 N. Kingsbury Pl. St. Louis**  
Due to **2:20 pm Sept 26 1944**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **163-3**  
Of operations **24**

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) **Accident**

(b) Date of occurrence **Sept 26 1944**

(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place**  
(Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place) Means of injury **see above**

23. Signature **Alfred Perry** (M. D. or other)  
Address \_\_\_\_\_ Date signed **9/28/44**

**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 Meville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell Bl

**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.**