

FILED DEC 5 1948
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10062

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: Providence dent at Home Chiles Hosp.
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Unknown (months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1917
(d) Street No. 4497 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Curtis

MEDICAL CERTIFICATION
No physician in attendance
20. DATE OF DEATH: Month NOV day 17
year 1944 hour 7:42 minute P. M.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. Unknown

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.

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

Immediate cause of death _____

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

7. Birth date of deceased April 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days ? If less than one day _____ hr. _____ min.

Duration _____

9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

Due to Coronary Occlusion;
Chronic Aortitis; undeter
Due to Cardiac Hypertrophy (mixed)

10. Usual occupation Elevator Operator

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

11. Industry or business _____

Major findings: _____

12. Name Unknown

Of operations _____

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Unknown

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

PHYSICIAN _____

16. (a) Informant Lenora Saunders

Underline the cause to which death should be charged statistically.

(b) Address Memphis Tenn.

17. (a) Burial (b) Date thereof Nov 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director M. C. Dowell
(b) Address 1711 N. Taylor Ave

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 3

23. Signature James J. Taylor (M. D. or other)
Address 1500 Pearl Date signed 11-24-44

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No. *2114*.....

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.