

S. No. 2
M-543
v. 5-17-39
X3867

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11047

UFD MAR 27 1946
318

Registration District No. 1003 Registrar's No. 2488

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:
1722 Waverly Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1722 Waverly Place
(If rural, give location) 239
(e) Citizen of foreign country? No (Yes or No)?
If yes, name country.....

3. (a) PRINT FULL NAME Curtis W. Deakins Jr.
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 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 NOV. 19, 1937
(Month) (Day) (Year)

8. AGE: Years Months Days 8 3 28 If less than one day
8 hr. 28 min.

9. Birthplace Louisville, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Curtis W. Deakins Sr.

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

14. Maiden name Lucille Wilson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Curtis W. Deakins SR.
(b) Address 1722 Waverly Place

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

(c) Place: burial or cremation Louisville, Ky.

18. (a) Signature of funeral director Chulick Und. Co.
(b) Address 1522 S. Jefferson Ave.

19. (a) MAR 14 1946 (b) J. Z. Bredeek
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12th
year 1946 hour Five minute 30 P. M.
21. I hereby certify that I attended the deceased from
March 11th, 1946 to March 12th, 1946;
that I last saw him alive on March 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... Broncho-pneumonia Duration 3 day
Due to no grippe 7 day

Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Spastic paralysis since birth

Of autopsy none made
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) (e) Means of injury.....

23. Signature Joseph Davie (M. D. or other).....
Address 1406 Travis Bldg Date signed 3-12-46

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..... *Alvin G. Chene Jr*
Licensed Embalmer No..... *4143*
P. O. Address..... *1722 S. Jeff*

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.