No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11910

Primary Registration District No. 6076

Registrar's No. 672

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rural Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 4 years 8 months 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: California (b) County: 999
(c) City or town: San Francisco
(If outside city or town limits, write "RURAL")
(d) Street No.: 40 Bonita Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM M. CURRY
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: Widower
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 3, (Day) 1879 (Year)

8. AGE: Years 67 | Months 4 | Days 18 | If less than one day: hr. min.

9. Birthplace: San Francisco (City, town, or county) California (State or foreign country)
10. Usual occupation: Shipping Clerk
11. Industry or business:
FATHER
12. Name:
13. Birthplace: County Clare (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name:
15. Birthplace: Wixford (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Sister Mary Carmel
(b) Address: Indianapolis, Ind.
17. (a) Removal (Rail) (Burial, cremation, or removal) (b) Date thereof: 3 (Month) 22 (Day) 47 (Year)
(c) Place: burial or cremation: San Francisco, Cal.
18. (a) Signature of funeral director: Kriegshauser Und. Co
(b) Address: 4228 So. Kingshighway Bl.
19. (a) 3-24-47 (Date received by local registrar) (b) [illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1947 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from July 8, 1942 to Mar. 21, 1947; that I last saw him alive on Mar. 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemmorhage	
Due to: Cerebral arteriosclerosis	5 yrs.
Due to: Uremia 630	
Other conditions (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? (Specify type of place)
While at work?
(e) Means of injury: 0
23. Signature: W. B. [illegible] (M. D. or other)
Address: St. Vincent's Sanitarium Date signed

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1949

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 R. W. Stovesand

Licensed Embalmer No. 4007

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.