S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42941

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11592

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: 6301 Scanlan Ave. 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6301 Scanlan Ave. 9
(If rural, give location) 10
(e) Citizen of foreign country? (Yes or No) 3
If yes, name country

3. (a) PRINT FULL NAME JOHANNA L. CURRY
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Robert C.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sep't. (Month) 14 (Day) 1874 (Year)

8. AGE: Years 73 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Gilbertsville (City, town, or county) Miss. (State or foreign country) 1
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Patrick Croak
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Elizabeth Boyle
15. Birthplace Ireland (City, town, or county) (State or foreign country) 7
16. (a) Informant Jane Curry
(b) Address 6301 Scanlan Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl
19. (a) DEC 19 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1947 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from Jan 10 1947 to Dec 18 1947 that I last saw her alive on Dec 17 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	4 yrs
Due to: Arteriosclerosis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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

23. Signature M. E. Jones (M. D. or other)
Address 4550 Olive St Date signed Dec. 19 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Lister Bldg.

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 Richard W. Stoversand

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.