S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2411

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 774

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Little Sisters of the Poor
3225 N. 7 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alma Ferris Curtwright
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife H. T. Curtwright
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Oct. 30 1853 (Month) (Day) (Year)

8. AGE: Years 94 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Crab Orchard Springs, Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John
13. Birthplace Crab Orchard Springs, Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. T. Biglow
(b) Address 7300 Forsythe
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar
19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Brecheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1948 hour 8 minute 40 P. M.
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.

Immediate cause of death Fractured Rt Hip
Antecedent causes Fall when deceased got up to Bathroom and fell to the concrete floor while descending a flight of steps at the little Sisters of the Poor Home for the Aged at 3225 N.
Other significant conditions Arr. on Jan 14 1948
(Include pregnancy within 3 months of death)
at about 1:45 P.M.

Duration

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) Accident
(b) Date of occurrence Jan. 14 1948
(c) Where did injury occur? At home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Little Sisters of Poor
(Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Patrick E. Moore (M. D. or other)
Address Date signed 1/22/48

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

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

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 Jos. E McCullough Jr

Licensed Embalmer No. 2460

P. O. Address 6145 Delmar

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.