M—1/47
v. 5-17-39

FILED APR 12 1948

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 10086

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3208

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

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: 1008 a GEYER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 a GEYER 9
(If rural, give location)
23
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANN CURRAN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
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 MAR. (Month) 12 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	—	20	hr. 4 min.

9. Birthplace IRELAND (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name PATRICK CURRAN
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CATHERINE McCLEAN
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant THERESA KOPF
(b) Address 1008 a GEYER
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 3, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) APR 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 1
year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb. 1, 1945, to 4-1-, 1945;
that I last saw her alive on 3-31-, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chr a hypertension with cerebral hemorrhage
Due to Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)

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)
(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 L. F. Murray (M. D. or other)
Address 910 Rutland Date signed 4-1-48

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

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis Mo.

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.