S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43989

Registration District No. 318 Primary Registration District No. Registrar's No. 4123

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis X
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37yr.2mo.15ds. (Specify whether
In this community 54 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY CURTIS
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 (Month) (Day) 1861 (Year)

8. AGE: Years 87 Months ? Days ? If less than one day hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Thomas Curtis
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Deva
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St.
17. (a) Anatomical Board (b) Date thereof APR 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) May 1, 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1948 hour 6.50 minute A M.
21. I hereby certify that I attended the deceased from Mar. 1st, 1946, to April 29, 1948;
that I last saw him alive on April 29, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death | Duration
Due to Cerebral Thrombosis 4/21/48
Due to Hypertensive Heart Disease 2 yrs.x.
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 0
23. Signature Jack A Eidelman (M. D. or other)
Address 5400 Arsenal St. Date signed 4/30/48

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

Jefferson City Printing Co. MAY 1 1948

(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.....

Licensed Embalmer No.....

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.