

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27625
Registrar's No. 7041

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

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:
5030 Potomac St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

3: (a) PRINT FULL NAME MICHAEL T. CURRAN

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Theresa 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 9 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 28 hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Mgr. (Retired)
11. Industry or business Quick Meal Stove Co.

12. Name Unknown Curran
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Francis O. Curran
(b) Address 5030 Potomac St.
17. (a) Burial (b) Date thereof 8-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) AUG 11 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5030 Potomac St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1948 hour 1:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7/9 1948 to 8/7 1948
that I last saw him alive on 7/31 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Smoking
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations _____
Of autopsy _____
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?

While at work _____ (Specify type of place)
Means of injury _____
23. Signature John H. Smith (M. D. or other)
Address 5203 Clingman Date signed 8/9/48

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

MOTHER FATHER

17002

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 William B White

Licensed Embalmer No. 4221

P. O. Address 4222 E. King Highway

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.