

No. 300  
M-10-47  
5-17-39  
I 3905

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27626**  
Registrar's No. **7646**

FILED SEP 13 1948

Registration District No. **818**

Primary Registration District No. **1003**

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

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether  
In this community 40 yrs  
years, months or days)

3. (a) PRINT FULL NAME Ferdinand Curtis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro 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 June 5, 1903  
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business --

MOTHER FATHER { 12. Name Joseph Curtis  
13. Birthplace Unk Miss  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Estes  
15. Birthplace Unk Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant S Jenkins, Med Dir's Office  
(b) Address Homer G Phillips Hospital

17. (a) Anatomical Board (b) Date thereof 8-31-48  
(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) 8-31-48 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2806 Lucas  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 1  
year 1948 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 22, 1948 to August 1, 1948  
that I last saw him alive on August 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 93  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
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?

(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. F. Daniels (M. D. or other) \_\_\_\_\_  
Address 2691 N Whittier Date signed 8-5-48

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**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.**