

No. 10-47
5-17-39
I 3906

FILED DEC 14 1948

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10447

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital I Day
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution I Day
(Specify whether in this community _____ years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 3600 Block Flad Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE JAMES CURTIS

3. (b) If veteran, name war World War No. I

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1948 hour 1:30 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. AGENCY or race White

6. (a) Single, widowed, married, Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: September 7, 1890
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>58</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Cerebral Apoplexy Duration _____

Due to _____

Due to _____

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

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Clarence Curtis

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Adolph

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles C. Curtis

(b) Address 4030 Itaska St. Louis, Mo.

17. (a) Burial (b) Date thereof 12/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. J. B. Mo.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 S. Bdwy. St. Louis II, Mo.

19. (a) DEC 1 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

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) _____

What at work? _____ Means of injury _____

23. Signature Patrick E. Taylor Dep Car (M. D. or other) _____
Address 1300 Clark Date signed 12-1-48

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

85-0107

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..... *Louis C. Hoffmann*
Licensed Embalmer No..... *3871*
P. O. Address..... *7814 S. Broadway*

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.