

FILED APR 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11003

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> , b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ST FERDINAND TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BERKELEY CITY</u>	
c. LENGTH OF STAY (in this place) <u>11</u>		d. STREET ADDRESS (If rural, give location) <u>FROST AVE. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HALLS FERRY NURSING HOME</u>			
3. NAME OF DECEASED (Type or Print) <u>BERTHA OLIVIA CURRAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 16 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1872</u> <u>JUNE 29 1877</u>
9. AGE (In years, months, days, hours, min.) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>HARTFORD CONN</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE SLACK</u>	
13b. MOTHER'S MAIDEN NAME <u>ELLA REED</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE S CURRAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Belle Pokorski</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>of injury & hypertension</u>		17. ADDRESS <u>Berkeley City, Mo.</u>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>of injury & hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson's Disease</u>			
DUE TO (c) <u>334 X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>430</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 8</u> , 19 <u>49</u> , to <u>Feb 16</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. S. Shaver</u>		23b. ADDRESS <u>254 W. 05th St. St. Louis, Mo.</u>	
23c. DATE SIGNED <u>2-18-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-18-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST PETER'S</u>		24d. LOCATION (City, town, or County) (State) <u>WELLSTON, MO</u>	
DATE REC'D BY LOCAL REG. <u>2-18-49</u>		REGISTRAR'S SIGNATURE <u>Shaver</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Baummann Brothers Inc.</u>		ADDRESS <u>254 W. 05th St. St. Louis, Mo.</u>	

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 3457

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

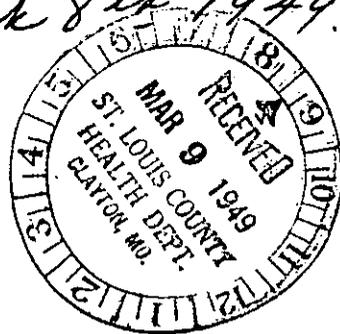
P. O. Address Overland, Mo.

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.

March 8th 1949.

Registrar - Vital Statistics,
St. Louis County Health Dept.
651 S. Brentwood,
Clayton, 5. Mo.



5-11003

Dear Sir:

I the undersigned, do hereby make affidavit that the correct date of the birth of Bertha Olivia Curran should be June 29th 1872 instead of June 29th 1879, as was erroneously stated at the time of her death on Feb. 16th 1949.

This would make her correct age at that time, 76 yrs. 7 mo. & 18 days.

Signed.

Belle Popowski
Daughter.

Sworn to and subscribed before me
a Notary for the County of St. Louis
this 8th day of March, 1949.

Clara Brinkman

My friend, please May 13th 1950.