

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35039
State File No. 8886

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 823 Mound	
3. NAME OF DECEASED (Type or Print) a. (First) Floyence		c. (Last) CURRY	
4. DATE OF DEATH (Month) (Day) (Year) 10 14 49		5. SEX 3 Female	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 6-10-1878		9. AGE (In years last birthday) 71 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Florence Ala.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Ephram Curry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ephram Curry	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Branches Pneumonia, Cont. Illness		Interval between onset and death
ANTECEDENT CAUSES		thickness Burns of Chest & Arms		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) suffered when. decreased clothing bed was ignited while burning.		
		DUE TO (c) trash in the rear yard at her house on Aug 23 1949		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SMOKE HOME		21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 181
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 20 49 4:05 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? over 15'

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that _____, 19____, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. B. Sasater		23b. ADDRESS Greenwood 3100. Clark		23c. DATE SIGNED 10/25/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-49		24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Manuel		ADDRESS 4059 Finney
DATE REC'D BY LOCAL REG. OCT 17 1949		REGISTRAR'S SIGNATURE J. B. Sasater		

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

M.L.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

N. Claude Jordan

Signed.....

Student Embalmer

Licensed Embalmer No. _____

3489

P. O. Address _____

4575 Alden

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.