

STANDARD CERTIFICATE OF DEATH

42397

FILED DEC 27 1949

State File No. 10613 Registrar's No. 10613

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10613		Registrar's No. 10613					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (If this place) 3 days			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis			d. STREET ADDRESS (If rural, give location) 121 Pennsylvania				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				3. NAME OF DECEASED a. (First) Buck		b. (Middle) Curry		c. (Last) Curry		4. DATE OF DEATH (Month) (Day) (Year) 12-5-49			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH unknown about 49		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY V-C. Fertilizer			11. BIRTHPLACE (State or foreign country) Brownsville, Tennessee			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME William Henry Curry				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 327-12-2267		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lela L. Curry 121 Pennsylvania								
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease Nephritis - Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
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) 121			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X						22- I hereby certify that I attended the deceased from 12/1/49, to 12/5/49, that I last saw the deceased alive on 12/5/49 and that death occurred at 8 p. m., from the causes and on the date stated above.					
23a. SIGNATURE Edgar F. Woodward				(Degree or title)		23b. ADDRESS 930 N. 2nd St			23c. DATE SIGNED 12/9/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-10-49		24c. NAME OF CEMETERY OR CREMATORY Booker Washington			24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois						
DATE REC'D BY LOCAL REG. DEC 10 1949		REGISTRAR'S SIGNATURE J.B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE O. J. ...			ADDRESS 3847 Page Blvd.				

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

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 C. J. Neek.....

Signed
Student Embalmer

Licensed Embalmer No. 2432.....

P. O. Address 3847 Page.....

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.

B.