

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **627**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **DePaul Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
d. STREET ADDRESS (If rural, give location) **3107 Rolla Pl.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Helen** b. (Middle) _____ c. (Last) **Curtin**
4. DATE OF DEATH (Month) (Day) (Year) **1/18/50**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **6/21/1884** 9. AGE (In years last birthday) **65**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **At Home**
11. BIRTHPLACE (State or foreign country) **Unknown** 12. CITIZEN OF WHAT COUNTRY? **9**

13a. FATHER'S NAME **Unknown O'Leary** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **James T. Curtin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Rev. Father James Curtin** ADDRESS **St. Louis M**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral apoplexy**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Coronary sclerosis**
DUE TO (c) **Hypertensive degenerative heart disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes mellitus**
INTERVAL BETWEEN ONSET AND DEATH
10 days
5 years
9 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **2107**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **July 19 40**, to **January 18 50**, that I last saw the deceased alive on **Jan. 18 50**, and that death occurred at **8:12 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **FR [Signature]** 23b. ADDRESS **539 No. Grand** 23c. DATE SIGNED **1/20/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan 21, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **JAN 20 1950** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **Neil Walsh Barnes** ADDRESS **E. St. Louis Mo.**

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

FEB 27 1950

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 _____

Philip Ogden Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Philip Ogden*

Licensed Embalmer No. *5922*

P. O. Address *East St. Louis, Ill.*

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.