

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10322

State File No. \_\_\_\_\_

2592

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1354a North Garrison Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>		b. (Middle) _____		c. (Last) <b>Curry</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 15 1950</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>		8. DATE OF BIRTH <b>April 1st 1864</b>	
9. AGE (in years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Messenger</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Judge</b>		11. BIRTHPLACE (State or foreign country) <b>Danville Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>	
13a. FATHER'S NAME <b>George Curry</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Cannon</b>		14. NAME OF HUSBAND OR WIFE <b>Katie Curry</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James H. Randle 3133 Bell Ave</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Vascular Disease</b>  ANTECEDENT CAUSES 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 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) <b>4221</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>12/20</b> , 19 <b>49</b> , to <b>3/15</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3/14</b> , 19 <b>50</b> , and that death occurred at <b>9</b> a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. H. Randle</b>				23b. ADDRESS <b>1121 Jefferson Ave</b>		23c. DATE SIGNED <b>3/16</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 18 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo</b>	
DATE REC'D. BY LOCAL OFFICE <b>MAR 17 1950</b>		REGISTRAR'S SIGNATURE <b>J. H. Randle</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Ave</b>			

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.

Student .....  
Student Embalmer

Signed S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chautau

**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.