

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15332

State File No.

Registrar's No. 892

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4464		State File No.	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. LENGTH OF STAY (In this place) 1-WK.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION Overland Restorium				8. STREET ADDRESS (If rural, give location) 7311 Westmoreland Place			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Charles		c. (Last) Curtis		4. DATE OF DEATH (Month) (Day) (Year) April 4, 1950	
5. SEX M.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardman		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Mar. 16, 1889		9. AGE (In years last birthday) 67	
11. BIRTHPLACE (State or foreign country) Treharris, England		12. CITIZEN OF WHAT COUNTRY? England		11. BIRTHPLACE (State or foreign country) Treharris, England		12. CITIZEN OF WHAT COUNTRY? England	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Thomas O. McNearney 7311 Westmoreland			
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thomas O. McNearney 7311 Westmoreland			
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) <u>Obstruction of Stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma " Stomach</u> <u>6 mo</u> DUE TO (c) <u>Carcinomatosis of abd contents</u> <u>3 mo</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Jan 1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach - inoperable - Gastro-enterostomy done				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) - 151X			
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 Nov 1889, to Apr 4, 1950, that I last saw the deceased alive on Apr 4, 1950, and that death occurred at 9:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE D. C. Lindeman M.D.				23b. ADDRESS 4176 - Skian Av		23c. DATE SIGNED Apr 5 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 4-5-50		REGISTRAR'S SIGNATURE Herbert R. Dowse M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Bldg	

(Licensed Embalmer's Statement on Reverse Side)

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

working under my personal supervision.

Student Embalmer No.

Signed.....

Thomas R. Fenwick

Signed.....

Student Embalmer

Licensed Embalmer No. *5793*

P. O. Address

3846 Lindell

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.