

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21452

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1977

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>227</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>IN ROUTE TO BARNES HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>2603 1/2 Chouteau</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>EARNEST</i> b. (Middle) <i>JACK</i> c. (Last) <i>CURTIS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6-3-50</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Dec. 12, 1906</i>
9. AGE (In years last birthday) <i>43</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>sand Blaster</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>sand Blaster</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Steel Foundry</i>	12. CITIZEN OF WHAT COUNTRY? <i>Yes</i>
13a. FATHER'S NAME <i>Clifford Curtis</i>		13b. MOTHER'S MÄDEN NAME <i>Hetty Milton</i>	
14. NAME OF HUSBAND OR WIFE <i>JANE CURTIS</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Janie Curtis - 2603 1/2 Chouteau</i>	
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) <i>Pulmonary Edema</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Hypertrophy</i> DUE TO (c) 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	
20. AUTOPSY? YES <input checked="" 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)	
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? <i>4343</i>		22. I hereby certify that I attended the deceased from <i>10</i> to <i>10</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>7-8-50</i> , and that death occurred at <i>7:05 a.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Joseph M. Quinn</i>		23b. ADDRESS <i>Column 3 1300 Clair</i>	
23c. DATE SIGNED <i>6/5/50</i>		24. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>6-8-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		DATE REC'D BY LOCAL REG. <i>JUN 6 1950</i>	
REGISTRAR'S SIGNATURE <i>J. B. Sauter</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Bennie Love</i>	
ADDRESS <i>3103 Washington</i>			

**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

*H. Claude Gordon*

Licensed Embalmer No.

*3489*

P. O. Address

*4575 Aldine*

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.