

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6937

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 499

1. PLACE OF DEATH
a. COUNTY **St Louis**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kirkwood**
c. LENGTH OF STAY (In this place) **3 Years**
d. FULL NAME OF HOSPITAL OR INSTITUTION **242 W Woodbine Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **St Louis**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kirkwood** **4703**
d. STREET ADDRESS (If rural, give location) **242 W Woodbine Ave.**

3. NAME OF DECEASED a. (First) **Princeton** b. (Middle) **Cemon** c. (Last) **Curtis** 4. DATE OF DEATH (Month) (Day) (Year) **Feb, 22 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Nov 4 1907** 9. AGE (In years last birthday) **43** IF UNDER 1 YEAR Months **3** Days **18** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Inspector** 10b. KIND OF BUSINESS OR INDUSTRY **Plumbing** 11. BIRTHPLACE (State or foreign country) **St Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **Amer.**

13a. FATHER'S NAME **Halley A Curtis** 13b. MOTHER'S MAIDEN NAME **Lulu Ramey** 14. NAME OF HUSBAND OR WIFE **Meredith Curtis**

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. **702-14-1866** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Meredith Curtis 242 W Woodbine ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage**
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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **331X** 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 **8/22 1951**, to **2/22, 1951**, that I last saw the deceased alive on **2/22, 1951**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23a. SIGNATURE **J. D. Staeble M.D.** (Degree or title) 23b. ADDRESS **1047 N. Adams, Kirkwood** 23c. DATE SIGNED **2/23/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2-26-51** 24c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery** 24d. LOCATION (City, town, or county) (State) **Kirkwood Mo.**

DATE REC'D BY LOCAL REG. **2/23/51** REGISTRAR'S SIGNATURE **Herbert P. Donke Mill** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Meyer-Pfitzinger Kirkwood 22 Mo.**

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 William F. Fitzinger

Signed.....
Student Embalmer

Licensed Embalmer No. 4316

P. O. Address Heilwood 22, Mo.

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.