

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9993

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2613

| | | | |
|---|---------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 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) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2054 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | d. STREET ADDRESS (If rural, give location) 5958 Minerva Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) C. c. (Last) Curran | | 4. DATE OF DEATH (Month) (Day) (Year) March 19 1951 | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 8 1871 |
| 9. AGE (In years last birthday) 79 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Booneville Mo. <input checked="" type="checkbox"/> |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Patrick Curran | |
| 13b. MOTHER'S MAIDEN NAME Catherine Quinn | | 14. NAME OF HUSBAND OR WIFE Ernestine Curran | |
| 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 Ernestine Curran | | ADDRESS 5958 Minerva Ave. | |
| 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>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic mellitus</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) | |
| 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? H201 | | 22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>50</u> , to <u>3-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>51</u> , and that death occurred at <u>6:00 P.</u> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>M. Kimmel m.d.</u> | | 23b. ADDRESS 3409 Union | |
| 23c. DATE SIGNED 3-20-51 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 3/22/51 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Blanton</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 20 1951 | | ADDRESS Sullivan Funeral Dir. 2849N. Euclid | |

(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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Lustan Carterle*

Licensed Embalmer No. *4329*

P. O. Address *St Louis*

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.