

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26247**
6282
Registrar's No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer & Phillips Hosp.		d. STREET ADDRESS (If rural, give location) 3236 Olive River	
3. NAME OF DECEASED (Type or Print) Lonnie a. (First) b. (Middle) c. (Last) Curtis		4. DATE OF DEATH (Month) (Day) (Year) 6.21.1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH April 7, 1895
9. AGE (In years last birthday) 58		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Subway	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Spencer Ill.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Freeman Curtis		13b. MOTHER'S MAIDEN NAME Mathe Curtis	
14. NAME OF HUSBAND OR WIFE Nellie Curtis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Curtis	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary failure (Arteriosclerosis) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) heart disease 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:20 AM m., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) Walter Green Deput Coroner		23b. ADDRESS 1308 Clark	
23c. DATE SIGNED 6/23/53			
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE 6/27/53	24c. NAME OF CEMETERY OR CREMATORY Washington Park St. Louis	24d. LOCATION (City, town, or county) (State) MO
DATE REC'D BY LOCAL REG. JUN 23 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. C. Green 4214 Delmar	

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

Leroy W. Sannister

Licensed Embalmer No. *4523*

P. O. Address *3880 Epston*

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.