

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41639**
Registrar's No. **2864**

FILED NOV 25 1953

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 100		Registrar's No. 2864	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonville c. LENGTH OF STAY (in this place) 5 Days d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION #15 Midview				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Macoupin c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Decatur d. STREET ADDRESS (If rural, give location) 968 W. Packard			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Curran c. (Last) Curran			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 16 1889	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Dealer			10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (City and State or Foreign Country) Decatur Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Curran			13b. MOTHER'S MAIDEN NAME Bridget Martin		14. NAME OF HUSBAND OR WIFE Martha Curran		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 329 01 1790		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William H. Curran #15 Midview			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatous *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (b) Malignant Melanoma DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 1 mo 3 months							
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?			
22. I hereby certify that I attended the deceased from 11/4/53, 10 to Nov 5, 1953 , that I last saw the deceased alive on Nov 5, 1953 , and that death occurred at 7:15 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James B. Vatterott M.D.				23b. ADDRESS 10300 St Charles Rd		23c. DATE SIGNED 11/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/6/53		24c. NAME OF CEMETERY OR CREMATORY Fairlawn Cemetery		24d. LOCATION (City, town, or county) (State) Decatur Illinois	
DATE REC'D BY LOCAL REG. 11/6/53		REGISTRAR'S SIGNATURE Hebeal R. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 10123 St. Charles Rd			

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

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Uno

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.