

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17506  
State File No. ....

FILED JUN 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1100

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST LOUIS COUNTY MO</u>                                      |  | 2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>                               |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Johns</u> |  | c. CITY OR TOWN <u>RICHMOND HEIGHTS</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (In this place) <u>2 yrs.</u>   |  | e. STREET ADDRESS (If rural, give location) <u>12 THORNDELL DRIVE</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RUBHMANOR NURSING HOME</u>                         |  |   |  |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>CURTIN</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-54</u> |  |  |
|---|--|--|--|--|--|

|                      |                               |   |                                  |   |                        |                       |                       |
|----------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>8-3-1880</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours | IF UNDER 15 MIN. Min. |
|----------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|-----------------------|

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|---|--|--|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>LEXINGTON VIRGINIA</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |  |
|---|--|--|--|--|--|--|--|

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>WILLIAM D. WILLIAMS</u> |  | 13b. MOTHER'S MAIDEN NAME <u>SALLY V. CROHEN</u> |  | 14. NAME OF HUSBAND OR WIFE <u>MILTON SCOTT</u> |  |
|---|--|--|--|---|--|

|   |  |                                      |  |   |  |
|---|--|--------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> |  | 16. SOCIAL SECURITY NO. <u>NOIVE</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Betty Jurgale</u> ADDRESS <u>12 Thornell</u> |  |
|---|--|--------------------------------------|--|---|--|

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|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) <u>Generalized arteriosclerosis</u>   |  | 10 <u>mo</u>                                    |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>*Conditions contributing to the death but not related to the disease or condition causing death.  |  | DUE TO (c) <u>Gangrene left leg</u>  |  |   |  |

|                        |  |  |  |  |  |
|------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION <u>4501</u> |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|--|--|--|--|

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|---|--|--|--|---|--|
| 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 Jan, 1953 to May 10, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

|   |  |   |  |                                 |  |
|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Marie G. Jurgale M.D.</u> |  | 23b. ADDRESS <u>216 Hampton Village</u> |  | 23c. DATE SIGNED <u>5/10/54</u> |  |
|---|--|---|--|---------------------------------|--|

|   |  |                            |  |  |  |   |  |
|---|--|----------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> |  | 24b. DATE <u>5-11-1954</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u> |  | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u> |  |
|---|--|----------------------------|--|--|--|---|--|

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>5/10/54</u> |  | REGISTRAR'S SIGNATURE <u>Richard K. ...</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard ...</u> ADDRESS <u>5930 Southwest</u> |  |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Bill C. Brannon*.....

Licensed Embalmer No. *476*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.