

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14994**  
Registrar's No. **4069**

FILED MAY - 8 1957

BIRTH 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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>24<sup>th</sup> D 2827 So. 18th St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FLOY</b> b. (Middle) <b>E.</b> c. (Last) <b>McCURDY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4/28/57</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/16/1895</b>
9. AGE (In years last birthday) <b>62</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Orderly</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lutheran Hosp.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William McCurdy</b>	
13b. MOTHER'S MAIDEN NAME <b>Ransce La Rosa Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Blanch M. Ogle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Blanche M. McCurdy</b>		ADDRESS <b>2827 So. 18th St.</b>	
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) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arthritis 420.1</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b> 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 <b>8/26</b> , 19 <b>56</b> , to <b>4/28</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>4/28</b> , 19 <b>57</b> , and that death occurred at <b>7:30 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Chas C. Hanson M.D.</b>		23b. ADDRESS <b>3012 Lafayette Ave.</b>	
23c. DATE SIGNED <b>4.29.57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5/1/57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hillsboro</b>		24d. LOCATION (City, town, or county) (State) <b>Hillsboro, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>APR 29 '57</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schnur</b>		ADDRESS <b>3125 Lafayette Ave.</b>	

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.....  
Signature of Student Embalmer

Signed.....  
*Thomas R. Fenwick*

Licensed Embalmer No. 3793

P. O. Address 3125 Lafa

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.