

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

58-023227  
State File No. 6162  
Registrar's No.

**FILED JUN 27 1958**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give townshp)			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. CITY OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>1 mo - 23 days</b>		c. CITY OR TOWN <b>St. Louis,</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location)				
26 <b>St. Louis Chronic Hospital.</b>			e. STREET ADDRESS <b>3954 Labadie.</b>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		5. SEX		6. COLOR OR RACE
a. (First) <b>Nettie</b>			b. (Middle)		c. (Last) <b>Currin.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
5. SEX <b>Female</b>			8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
6. COLOR OR RACE <b>Col.</b>			8. DATE OF BIRTH <b>Nov. 20 1892</b>		9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>			11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		
11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>			12. CITIZEN OF WHAT COUNTRY? <b>1</b>				
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<b>Scott Palmer</b>		<b>Jennie (Irving)</b>		<b>Milas Currin.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<b>NO</b>		<b>NONE</b>		<b>Luther Mayo 3952 Labadie</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		<b>Cerebral thrombosis</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____				<b>332x</b>	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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>April 23</b> , 1958, to <b>June 15</b> , 1958, that I last saw the deceased alive on <b>June 15</b> , 1958, and that death occurred at <b>5:55 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE OF REGISTRAR				23b. ADDRESS		23c. DATE SIGNED	
<b>Frank G. Ernst M.D.</b>				<b>5800 Arsenal St.</b>		<b>6/16/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>16-19-58</b>		<b>GREENWOOD</b>		<b>ST LOUIS</b>		<b>MO</b>	
DATE REC'D BY LOCAL REGS.		REGISTRAR'S SIGNATURE		FUNDAL DIRECTOR'S SIGNATURE		ADDRESS	
<b>JUN 17 1958</b>		<b>Carl Smith</b>		<b>Albert H. Walton</b>		<b>2202 St. Charles</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 al*

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.