

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016267
STATE FILE NUMBER

8
FILED APR 20 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 996

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Florissant 4051 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteo. Hospt.		Length of stay in lb 8 days	d. STREET ADDRESS (If outside, give location) 1020 St. Ferdinand Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Clinton Middle EARL Last Curtis			4. DATE OF DEATH Month April Day 9 Year 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. BIRTH DATE APRIL 26, 1917	9. AGE (In years last birthday) 41	10. FUNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Engineer	10b. KIND OF BUSINESS OR INDUSTRY IRWIN-WILLERT CHEM. Co.	11. BIRTHPLACE (City and state or country) St Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FRANK CURTIS	13b. MOTHER'S MAIDEN NAME EDITH TAYLOR	14. NAME OF HUSBAND OR WIFE NANCY CURTIS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WHITE	16. SOCIAL SECURITY NO. 492-03-4905	17. INFORMANT Address NANCY CURTIS, FLORISSANT, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post surgical shock		INTERVAL BETWEEN ONSET AND DEATH 24 hrs 72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Removal of DUE TO (c) Embolic		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Edema		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour . Month . Day . Year . a.m. . p.m. .

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **4-1-59** to **4-9-59** and last saw him alive on **4-9-59**
Death occurred at **10:40 pm 4-9-59** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS 907 Airport Rd	22c. DATE SIGNED 4/11/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 13, 1959	23c. NAME OF CEMETERY OR CREMATORY LAUREL HILLS	23d. LOCATION (City, town, or county) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR THE FLORISSANT MORTUARY, INC.	ADDRESS FLORISSANT, Mo.	25. DATE RECD. BY LOCAL REG. 4-12-59	26. REGISTRAR'S SIGNATURE John C. Donnelly M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Gene A. Hutchens*

Licensed Embalmer No. *4966*

P. O. Address *FLORESSANT, Mo.*

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.