

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 14 1960

-60-036036

INDEXED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9682** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY														
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>												
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) #10 Windermere		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First Watson Middle F. Last Curry				4. DATE OF DEATH Month 10 Day 2 Year 60														
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/2/88	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Bolton, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.											
13a. FATHER'S NAME Charlie Curry			13b. MOTHER'S MAIDEN NAME Charlotte Thomas			14. NAME OF HUSBAND OR WIFE Nellie Curry												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 702-16-3885		17. INFORMANT Nellie Curry, 10 Windermere													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Azotemia								INTERVAL BETWEEN ONSET AND DEATH Undet.										
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Benign Prostate Hypertrophy			DUE TO (c) 610X			Undet.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown												
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)														
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from 9-15-60 to 10-2-60 and last saw ^{him} alive on 10-2-60 Death occurred at 8:45 p. on the date stated above, and to the best of my knowledge, from the causes stated.																		
22a. SIGNATURE <i>Thos. Phillips M.D.</i> (Degree or title)				22b. ADDRESS 2601 N. Whittier St.				22c. DATE SIGNED 10-3-60										
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/7/60		23c. NAME OF CEMETERY OR CREMATORY Washington Park			23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.											
24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney				25. DATE RECD. BY LOCAL REG. OCT 5 1960		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>												

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lawrence J. Wood

Licensed Embalmer No. 434

P. O. Address 4107 Finney

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.