

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED MAR 4 1948**

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

6245  
State File No. \_\_\_\_\_  
Registrar's No. **1768**

Registration District No. **318**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Furness DeLoe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME James Joseph Curley  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillie Curley  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased April 6, 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Clerk

11. Industry or business \_\_\_\_\_

12. Name Martin Curley  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Price  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Curley  
(b) Address 4203 Catleman Ave.  
17. (a) Burial (b) Date thereof 2-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.  
19. (a) FEB 20 1948 (b) J. F. Bradeau  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 96  
(c) City or town Sullivan  
(If outside city or town limits, write "RURAL")  
(d) Street No. M.R. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 19  
year 1948 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb. 11, 1948 to Feb. 19, 1948  
that I last saw him alive on Feb. 19, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma of Left Lung  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature G. D. Brown (M. D. or other) MD  
Address 1325 S. Grand Blvd. Date signed 2/20/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

*Stanley Marshall*

Licensed Embalmer No. \_\_\_\_\_

*2868*

P. O. Address \_\_\_\_\_

*3840 Lindell*

**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 this body is not embalmed, fact should be so stated above.**