

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

6055

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No. 6943) St. Samboretta Ward

Registration District No. 790 File No. 27  
Primary Registration District No. 16033 Registered No. 27

**2. FULL NAME**

(a) Residence No. 6943 Samboretta St. St. Louis Ward. St. Louis  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
6 2 1

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work School Child  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Georgia  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Walter J. Curtis  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Geneva Skates  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss  
(STATE OR COUNTRY)

14. INFORMANT Geneva Curtis  
(Address) 6943 Samboretta St

15. FILED 2/26 1923 J. P. Sudduth  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1923

17. I HEREBY CERTIFY, That I attended deceased from Feb 9 to Feb 26, 1923, and that I last saw him alive on Feb 26, 1923, and that death occurred, on the date stated above, at 4 15 A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Infected cervical glands  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1033  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. G. Wright, M. D.  
Feb 26, 1923 (Address) 503 W. 12th St. St. Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marcellus DATE OF BURIAL 2/27 1923

20. UNDERTAKER Crosby and Co. ADDRESS 1281 Marquette  
Maplewood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

*Local copy 22*  
*R. C. Ayler 11/13*

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death); *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**NOTE.**—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

DR. O. G. WRIGHT  
608-7 WALL BLDG.  
SAINT LOUIS

February 27, 1923.

Dear Doctor:

This patient was taken sick with small cervical gland enlargement on Feb. 9th, Temp. 102 did not appear very sick, slight congestion of the fauces. Two days later with application of an ice bag, much reduced but the other side became enlarged. Size of enlargement varied from day to day. First one side would be enlarged then the other.

Culture from nose and naso pharynx negative for diphtheria, no evidence at any time of a membrane. On Feb. 19, child appeared much better. Temperature normal, swelling moderate, no evidence of fluctuation on either side. Feb. 20, temperature normal and feeling much better. Feb. 22 child's mother telephoned me she was much improved and she did not think it necessary for me to come. Advised her to keep her in bed.

Feb. 24, about 7 p.m. they telephoned me she was much worse and to come immediately. I found her bleeding from the throat with an enormous swelling of both glands, breathing with some difficulty. This swelling had come up very rapidly and was very evidently due to a haemorrhage into both gland areas.

Dr. Zahorsky and Dr. R. J. Payne were called into consultation and the opinion was that she had had a streptococcus infection with a haemorrhagic disorganization. The haemorrhage was not alarming and the child seemingly died from a sudden

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DR. C. G. WRIGHT  
508-7 WALL BLDG.  
SAINT LOUIS

spread of the toxin, Death occurring at about 3.15 a.m.

Very sincerely

*C. G. Wright.*

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