

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

Do not use this space.

25668

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Report**)

File No. **7265**

Registered No. **7265**

St. _____ Ward)

2. FULL NAME

(a) Residence. No. **1713 N Jefferson St.** Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **12** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | **White** | **married**

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

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

June 24 1901

7. AGE

YEARS **26** MONTHS **1** DAYS **18** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Fireman**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Delade Sup Co.**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER

N. Curtis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Humphreys, Mo. Missouri**

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis, Mo. Missouri**

14.

INFORMANT

(Address)

Ed. [unclear] City Report

15.

FILED **AUG 11 1927**

Maule Starkey
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 11 1927**

17. I HEREBY CERTIFY That I attended deceased from **June 20**, 19**27**, to **Aug 11**, 19**27**, that I last saw him **live on Aug 11, 1927**, and that death occurred, on the date stated above, at **9:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gas poisoning
secondary tuberculosis
23 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **[Signature]** M. D.

19**27** (Address) **City Report**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Fontaineville Mo

Aug 12 1927

20. UNDERTAKER

ADDRESS

Wm. Schneider

1844 N. Jefferson

R. 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.

Curtis