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.

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

Do not use this space.

File No. 25426

Registered No. 1238

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital ..... St. ..... Ward)

3537

2. FULL NAME Curtis Todd

(a) Residence. No. 2620a N. 15 St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 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 Mabel Todd.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	27	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Todd.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Grace Stenhen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

14. INFORMANT Hospital Information
(Address) City Hospital

15. Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1928

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to July 10 1928 that I last saw him alive on July 10 1928, and that death occurred, on the date stated above, at 3:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Nephritis

131

9th 12 W 5 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ch. Myocarditis; Pericardial effusion

(duration) 5 yrs. mos. ds.

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

O DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

7/10, 1928 (Signed) R. Berg M.D.
(Address) City Hospital

*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 Calvary — DATE OF BURIAL 7-12 1928

20. UNDERTAKER Arthur J. Donnelly — ADDRESS 2039 Wash

Todd