MAR 27 1931

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

Do not use this space.

6964

1. PLACE OF DEATH

County St. Louis — Registration District No. — File No.

Township — Primary Registration District No. B, — Registered No. 46

City Jefferson Barracks, Mo. (No. U. S. Veterans Hospital, Jefferson Brks, Mo. St. Ward)

2. FULL NAME Allen P. Curtis.

(a) Residence. No. 922 No. 13th Str., St. Louis, Mo. Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own. 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.	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	34	4	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 237

(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.

(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Unavailable.

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

12. MAIDEN NAME OF MOTHER Unavailable.

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

14. INFORMANT C. H. Smith. Clinical Director. (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Feb 3, 1931 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 1, 1931

17. I HEREBY CERTIFY, That I attended deceased from January 28, 1931, to February 1, 1931 that I last saw him alive on February 1, 1931, and that death occurred, on the date stated above, at 7:30 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, lobular.

23A

10 7A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis, Pulmonary, chronic. Far Advanced, active. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, Physical, X-Ray & Laboratory findings.

(Signed) C. H. Smith, Acting Medical Officer In Charge. U.S. Veterans Hospital, Jefferson Barracks, Mo.

, 19 (Address)

*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 National Cemetery — DATE OF BURIAL 2/3 1931

20. UNDERTAKER C. Hoffmeister N & L Co — ADDRESS 7814 S. Bolway

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