

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *3221 - Alfred Ave*)

File No. **16604**
Registered No. **5127**
St. Ward)

2. FULL NAME

(a) Residence, No. *3221 - Alfred Ave* St. *16* Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widower</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Curry</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Feb 2 - 1866</i>				
7. AGE	YEARS <i>65</i>	MONTHS <i>2</i>	DAYS <i>26</i>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <i>Stock Clerk</i>				
(b) General nature of industry, business, or establishment in which employed (or employer). <i>American Bakery Supt.</i>				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>				
PARENTS	10. NAME OF FATHER <i>Herman Curry</i>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Josua Iowa</i>			
	12. MAIDEN NAME OF MOTHER <i>Martha Bowman</i>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 28 1931*

17. I HEREBY CERTIFY, That I attended deceased from *April 2*, 19*31*, to *Apr 28*, 19*31* that I last saw h. *alive on Apr 28*, 19*31*, and that death occurred, on the date stated above, at *11:30 A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: *11:30 A*

Causes of the Stomach
46 B (duration) yrs. *6* mos. ds.

CONTRIBUTORY (SECONDARY) *46 B* (duration) yrs. mos. ds.

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) *William O. White*, M. D.
Apr 28, 1931 (Address) *3325 S. Grand*

*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.

14. INFORMANT *Emma Douglas*
(Address) *3221 - Alfred Ave*

15. FILED: *28 1931* *Max E. Hartley* REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Matthews* DATE OF BURIAL *Apr 30 1931*

20. UNDERTAKER *Wacker Helderle* ADDRESS *2331 S. Belmont*

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

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.

MARGIN RESERVED FOR BINDING

