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.

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

Do not use this space.

36399

File No. 10937

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 91

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

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Mary Curl

(a) Residence, No. 4127 Papin St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-11-1876

7. AGE: YEARS 55 | MONTHS 3 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hwk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Richard Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) A Bethrude Creat City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Pk DATE 10-30 1931

19. UNDERTAKER (ADDRESS) A. Russell Und. Co. 2732 Pine St.

20. FILED OCT 30 1931 Max [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1931, to 10-27, 1931

I last saw her alive on 10-27, 1931 Death is said to have occurred on the date stated above, at 2:38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PBC	
Chronic Myocarditis	2 years

Other contributory causes of importance: PBC

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin & Lab Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. M. Smith M. D.

(Address) City Hospital #2