

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

Do not use this space.

21041

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 207  
 City St. Louis (No. De Paul Hospital) St. Ward

File No. ....  
 Registered No. 5544  
 St. .... Ward)

**2. FULL NAME**

Mrs. Margaretta M. Curry  
 (a) Residence, No. 2524 N. University 20 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Humphrey M. Curry</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17 1868</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>8</u>	DAYS <u>23</u>	IF LESS THAN 1 DAY, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>190</u>	

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

FATHER 13. NAME Henry Drose

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Theresa Michael (ADDRESS) 2524 University St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Am DATE June 13 1932

19. UNDERTAKER Ray Reider, Mch. Co. (ADDRESS) 17 N. Market St.

20. FILED 11 1932 W. C. Starkey Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1932

I HEREBY CERTIFY, that I attended deceased from June 7 1932 to June 10 1932  
 I last saw her alive on June 10 1932 Death is said to have occurred on the date stated above, at 11:30 m.

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

Carcinoma of fundus  
Bladder, T. Broad - signed  
(4 tubes) Primary seat  
unknown

Other contributory causes of importance: Chronic nephritis

Name of operation Hysterectomy Date 6-10/32

What test confirmed diagnosis Biopsy 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 Cancer of Steeple (Signed) W. C. Starkey, M. D.  
 (Address) 1901 Madison

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.

