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.

File No. 24803

Registered No. 6213

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St Louis (No. 5959, Julian St. ..... Ward)

2. FULL NAME James Buell Curran

(a) Residence No. 5959 Julian St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Etta Curran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 10, 1865

7. AGE: Years 68, Months 4, Days 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Aug 1931

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hampton N. Y.

FATHER

13. NAME: H. B. Curran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

MOTHER

15. MAIDEN NAME: Mary Buell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

17. INFORMANT (ADDRESS): Ed. N. Curran, Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE July 19 1933

19. UNDERTAKER (ADDRESS): Alexander and Sons, 6175 Delmar

20. FILED JUL 17 1933 19 F Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July - 16th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to July 16th, 1933

I last saw him alive on July 16, 1933. Death is said to have occurred on the date stated above, at 12 45 A.m.

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

	Date of onset
Acute Myocarditis	7-1-33
93A	
97	
93A	

Other contributory causes of importance:

Chronic Arterial Sclerosis	1-1-33

Name of operation: None Date of —

What test confirmed diagnosis? Blood Pressure Heart Sounds Pulse. 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? No (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? No

If so, specify None

(Signed) J. J. Heuer, M. D.

(Address) 1106 Mo Bldg. St. Louis Mo

Dr. P. J. Heiser
Mo. Bldg. 1 to 2 Pa 4195