

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

Do not use this space.

31634

1. PLACE OF DEATH

County Registration District No. 781
 Township Primary Registration District No. 003
 City St. Louis (No. St. Lukes Hospital) St. _____ Ward _____

File No. _____
 Registered No. 8351

2. FULL NAME Daniel Curry

(a) Residence, No. 5817 Cabanne Ave. St. 5 Ward _____
 (Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30th, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Shoe Factory
 10. Date deceased last worked at this occupation (month and year) 1910 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

13. NAME Alex Curry

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

15. MAIDEN NAME Isabel Anderson

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

17. INFORMANT Cassie Curry (ADDRESS) 5817 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Sept. 26, 1935

19. UNDERTAKER Wrehmann Harsal (ADDRESS) 1905 Union Blvd.

20. FILED SEP 23 1935 J. F. Bredbeck Registrar.

4 **MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1935, to Sept 23, 1935

I last saw him alive on Sept 20, 1935 Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Cerebral hemorrhage
97A
80B
917
 Other contributory causes of importance:
Arteriosclerosis
arteriosclerosis
old on

Date of onset 7/21/35

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) George P. ... M. D.
 (Address) 870 Hamilton

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.

OCT 20 1935

OFFICIAL—ON-PACKING INK—THIS IS A PERMANENT RECORD

870 Hamilton

1-3