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

Do not use this space.

37866

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 H — Registered No. 239
City Richmond Heights St Mary's Hospital St. Ward)

2. FULL NAME Frank J. Curotto
(a) Residence, No. Clayton & Price St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alma Curotto
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29th 1887
7. AGE: YEARS 45 — MONTHS 7 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst Sales Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Anheuser-Busch
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

FATHER
13. NAME: James Curotto
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

MOTHER
15. MAIDEN NAME: Sarah Stanton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

17. INFORMANT (ADDRESS): Alma Curotto, Clayton & Price Rd
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 29th 1933
19. UNDERTAKER (ADDRESS): Arthur J. Donnelly & Co, 3840 Lindell Rd
20. FILED Nov 28 1933 Gertrude Porter, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933 to Nov 26, 1933
I last saw him alive on Nov 26, 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:
Operation
Parvus Failure
Gastrectomy
Name of operation Date of Nov 20
What test confirmed diagnosis? Was there an autopsy? Yes

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) [signature] M. D.
(Address) [illegible]

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.

Dr. Loughlin
Unmounted [illegible]
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