

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

Do not use this space.

42167

NOV 26 1934

1. PLACE OF DEATH

County Registration District No. **791**
 Townshp Primary Registration District No. **1003**
 City *St. Louis, 508 S. Kingshighway - St. Louis Children Hospital* File No.
 Registered No. **11239** (Ward)

2. FULL NAME

Curtis Davis
 (a) Residence, No. *2310 Chestnut* St., *21* 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 *M.* 4. COLOR OR RACE *Cal* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Child*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-15-33*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *3*

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. *Child*
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

MOTHER 13. NAME *Curtis Davis*
 14. BIRTHPLACE (CITY OR TOWN) *Little Rock, Ark.*
 (STATE OR COUNTRY)

15. MAIDEN NAME *Jessie Simon*
 16. BIRTHPLACE (CITY OR TOWN) *Miss.*
 (STATE OR COUNTRY)

17. INFORMANT *J. Mc Elwin*
 (ADDRESS) *508 S. Kingshighway*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Assigned* DATE *Dec 18* 19*33*

19. UNDERTAKER *St. Louis Children Hosp*
 (ADDRESS) *St. Louis Children Hospital*

20. FILED *DEC 30 1933* *J. F. Bredeck*
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-18-33* 19
 22. I HEREBY CERTIFY, That I attended deceased from *12-18-33*, 19, to *12-18-33*, 19.
 I last saw h.r.r. alive on *12-18-33*, 19. Death is said to have occurred on the date stated above, at *9:30 P.m.*
 The principal cause of death and related causes of importance were as follows:

Prematurity
Peritonitis Generalized
159
129
 Other contributory causes of importance: *159*
 Date of onset

Name of operation Date of
 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) *E. J. Glasscock* M. D.
 (Address) *St. Louis Children's Hospital*

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.

