

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

Do not use this space.

7130

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo (No. 2945 - Lawton Blvd City Hosp) File No. **2012**
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2849 - Serpule 6 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-1-1895</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>6</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
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. <u>Hook.</u>			
	10. Date deceased last worked at this occupation (month and year) _____			
MOTHER	11. Total time (years) spent in this occupation _____			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>			
	13. NAME <u>Cornelius Curtis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
FATHER	15. MAIDEN NAME <u>Sissie Andrews</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
	17. INFORMANT (ADDRESS) <u>Juby Perdomo</u> <u>2945 - Lawton Blvd.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cemetery</u> DATE <u>6-25-1934</u>				
19. UNDERTAKER (ADDRESS) <u>H. C. Houston</u> <u>2812 Thomas St. St. Louis, Mo</u>				
20. FILED <u>FEB 26 1934</u> <u>J. B. Beck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1934 to 2-18-1934
 I last saw her alive on 2-18-1934. Death is said to have occurred on the date stated above, at 3:34 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1-13-34
Hypertension
 Other contributory causes of importance: _____
 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 None
 (Signed) Henry C. Houston, M. D.
 (Address) 2945 - Lawton Ave.

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.

MAR 24 1934

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Dr. Lockhart

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