MAR 1 5 1935

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

Do not use this space.

7471

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3326 N. 9th St. ..... St. ..... Ward)

File No. .....

Registered No. 1900

2. FULL NAME Susan Curran

(a) Residence, No. 3326 N. 9th St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 8, 1855

7. AGE: YEARS 79 | MONTHS 6 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 Mo.

FATHER

13. NAME: August Massing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known Germany.

MOTHER

15. MAIDEN NAME: Charlotte Niederhoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known Germany.

17. INFORMANT (ADDRESS): Lottie Curran 3326 N. 9th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary. DATE Feb. 27, 1935

19. UNDERTAKER (ADDRESS): Sluedmeyer & Sons 3954 N. 20 St.

20. FILED FEB 26 1935, 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 24, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1931, to Feb. 24, 1935

I last saw her alive on Feb. 23, 1935 Death is said to have occurred on the date stated above, at 8 15 A.m.

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

Carcinoma of Uterus

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. 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? No

If so, specify .....

(Signed) Walter J. Mellies, M. D.

(Address) 3825 N. 20th

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD