

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

Do not use this space.

JUN 4 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 333 File No. 789
 Township St. Ann Primary Registration District No. 4468-6033 Registered No. 1-17667
 City Central (No. Old Florissant near Bermuda Pine St. 12 Ward)

2. FULL NAME

Con P Curran
 (a) Residence, No. Old Florissant Rd. St. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary G Curran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con P Curran Priest
 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) England

MOTHER 13. NAME Florence Curran

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

15. MAIDEN NAME Bridget Keeney

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

17. INFORMANT (ADDRESS) John Curran
Normandy mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 5/6 1935

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly
3840 Lindell Blvd

20. FILED 54 1935 W. A. Zettler Registrar
St. Schamer P. B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-35

22. I HEREBY CERTIFY, That I attended deceased from 4-6-30 to 5-2-35
 I last saw him alive on 5-3-35, 1935 Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

Rectal hemorrhage Date of onset 6 da.

Other contributory causes of importance Emphysema of lungs
Chronic nephritis

Name of operation none Date of no

What test confirmed diagnosis? X-ray 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) Scott H. Linker, M. D.

(Address) 7301^a Natural Bridge

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

