

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.

JUL 1 1 1935

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

Do not use this space.

21242

791
1003

File No. 5177
Registered No. St. Ward

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. 2650 1/2 Union Ave)

2. FULL NAME

(a) Residence, No. 2650 1/2 Union Ave, Ward. 12
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Clarence J. Curby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1883
7. AGE YEARS 52 MONTHS 4 DAYS 29 LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis (STATE OR COUNTRY) Missouri
13. NAME John Davidson
14. BIRTHPLACE (CITY OR TOWN) Schleswig-Holstein (STATE OR COUNTRY) when founded Germany
15. MAIDEN NAME Addie Schloesser
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri
17. INFORMANT John Edgar Curby (ADDRESS) 753 3/2 Union Clayton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June 14, 1935
19. UNDERTAKER Wagoner Laid Co (ADDRESS) 2121 Olive St.
20. FILED JUN 14 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1935
22. I HEREBY CERTIFY That I attended deceased from Dec. 10, 1924, to June 12, 1935
I last saw him alive on June 7, 1935. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary artery thrombosis
Date of onset Sudden
95 B2
Other contributory causes of importance:
Coronary artery sclerosis 4 yrs
Cardio-Vascular Hypertension 6 yrs
4/14/35
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 Baenziger, M. D.
(Address) 3720 Washington Ave

