

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.

JAN 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....
City St. Louis

Primary Registration District No. 1003

(No. 4969a Northland Ave.)

File No. 41371
Registered No. 10592
St. Ward)

2. FULL NAME Virginia M. Curtis

(a) Residence, No. 4969a Northland Ave., St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles D. Curtis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24th, 1886</u>		
7. AGE <u># 69</u>	YEARS <u>1</u>	MONTHS <u>19</u>
		DAYS <u>19</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>
	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) Missouri

13. NAME Owen Musci

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

15. MAIDEN NAME Virginia Alvarez

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

17. INFORMANT (ADDRESS) L. J. Curtis
4969a Northland Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Dec. 16th, 1935

19. UNDERTAKER (ADDRESS) Drehmann Naval
1905 Union Blvd.

20. FILED DEC 16 1935 19 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Dec 13, 1935

I last saw h. et alive on Dec 13, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

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

Acute Cordeum dilatation
No definite heart disease
Other contributory causes of importance:
Chronic Bronchitis

Date of onset 12/1/35
11/1/34

Name of operation..... none Date of.....
What test confirmed diagnosis?..... none found Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... no Date of injury....., 19.....
Where did injury occur?..... X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... X
Nature of injury..... Y

24. Was disease or injury in any way related to occupation of deceased?..... no
If so, specify.....

(Signed) L. W. T. Hirsch, M. D.
(Address) 3500 N. Grand

1-2. On ...