

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 10 1937

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.....

Primary Registration District No.

1008

City..... St. Louis

(No. City Hospital No. 2)

File No.

49290

Registered No.

12573

St.

Ward)

## 2. FULL NAME

Curtis, Baby

(a) Residence, No. 1014 Brooklyn St., 26 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

Negro

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

10 - 31 - 36

## 7. AGE

YEARS

MONTHS

DAYS

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.

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

Robert Curtis

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

Unknown

## MOTHER

## 15. MAIDEN NAME

Florence Steward

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

St. Louis, Mo.

## 17. INFORMANT (ADDRESS)

Ruby Pardeau  
2945 Lawton

## 18. BURIAL, CREMATION, OR REMOVAL PLACE

City Cemetery

DATE 12-23-36, 19

## 19. UNDERTAKER (ADDRESS)

Ira Hamilton  
City Health Dept.

## 20. FILED

19

J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 31 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 10 - 31 - 1936, to 10 - 31 - 1936.

I last saw h. im alive on....., 19..... Death is said to have occurred on the date stated above, at 9:05 P. M.

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

Date of onset

Unknown

10-31-36

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical Was there an autopsy?.....

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.....

(Signed) Thomas C. Metall, M.D.  
(Address) 2945 - Lawton Blvd.

