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

FEB 8 1937

Do not use this space.

3632

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 667

City St. Louis (No. De-Paul Hospital St. ..... Ward)

96 / 34 / 9

2. FULL NAME Deen Curtis

(a) Residence, No. 115 N. Meramec St., NR Ward. Clayton, Mo.,
(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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-25-1922

7. AGE: Years 14 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME: Clarence W. Curtis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Nadine Tolson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Clarence W. Curtis, 115 N. Meramec, Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson City DATE: Jan 17th, 1937

19. UNDERTAKER (ADDRESS): Louis H. Bopp, Kirkwood, Mo.

20. FILED: JAN 15 1937 19 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1937, to Jan. 14, 1937

I last saw her alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 11 p. m.

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

	Date of onset
~~Meningitis~~ Meningitis (Streptococcic) Non Epidemic	5 days
107a	
Other contributory causes of importance:	
Bronchopneumonia (Strep.)	2 days

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

What test confirmed diagnosis? Phys. Dem. 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) J. B. Elwan, M. D.

(Address) 1114 Mo. Bldg.

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.