

APR 9 1937

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

Do not use this space.

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File No. 19163
Registered No. 2797
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Mo. (No. 2237 - Cass)

2. FULL NAME

(a) Residence, No. 2237 - Cass St. 20 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 Amelia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1882

7. AGE YEARS 54 MONTHS 2 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Merchandise
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) Potosi Mo

13. NAME Patrick M. Curie

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

15. MAIDEN NAME Eliza J. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

17. INFORMANT Mrs Amelia M. Curie (ADDRESS) 2237 - Cass Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathay Cem DATE March 1937

19. UNDERTAKER McMillen Bros (ADDRESS) 4257 Lindell Blvd

20. FILED MAR 9 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to March 7, 1937
I last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 1:10 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset 3-2-37
Chronic
Other contributory causes of importance: 107
Bronchial asthma

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) Dwight L. Jennings, M. D.
(Address) 4101 Washington FR. 148.5

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.

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