

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

Do not use this space.

MAY 31 1937

File No. **17585**

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township Clayton Primary Registration District No. 6033a
 City Clayton (No. St. Louis County Hospital) St. _____ Ward _____

2. FULL NAME

Fenton, Curtis

(a) Residence, No. 6410 Lecher Ave. St. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20, 1937

5A. (If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____)

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1937, to 4-20, 1937

I last saw h. l. alive on 4-20, 1937. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 5

Lobar Pneumonia Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 _____

Other contributory causes of importance: 100
Pt. Otitis Media

12. BIRTHPLACE (CITY OR TOWN) St. Louis County (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____

MOTHER 13. NAME William Fenton

What test confirmed diagnosis? _____ Was there an autopsy? Yes

FATHER 14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

MOTHER 15. MAIDEN NAME Ninette Moore

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

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

17. INFORMANT Mrs. William Fenton (ADDRESS) 6410 Lecher Ave.

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary Cemetery DATE April 22, 1937

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER L. Pleitach, Inc. (ADDRESS) 5966 Easton Ave.

If so, specify _____ (Signed) A. J. Long M. D.

20. FILED 4/22 1937 As of Squarrell Registrar.

(Address) St. Louis Co Hosp Clayton 7901

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

