AUG 30 1937

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

Do not use this space.

28265

1. PLACE OF DEATH
County St. Louis
Township ~~St. Ferdinand~~
City Ferguson
Registration District No. 333
Primary Registration District No. 4468
File No.
Registered No. 128
(No. Florissant Road & Evans Lane St. Ward)

2. FULL NAME Esther Curren
(a) Residence, No. Nuroad, Mo. St., Ward. Nuroad, 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1887.

7. AGE: YEARS 50 | MONTHS 4 | DAYS 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 Maarechal Basil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma Teason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Edward J. Curren Jr., Nuroad, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ferdinand Cem. DATE July 8/37.

19. UNDERTAKER (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED 7-7 1937 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3/37. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 P.M.
The principal cause of death and related causes of importance were as follows:

Automobile & Truck Accident while riding as a passenger in a private automobile on a public highway & colliding into rear end of a parked truck — Date of onset 7/3/37

Other contributory causes of importance:

Fractured Skull — 7/3/37

210 M

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/3, 1937
Where did injury occur? Ferguson, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Collided with rear end truck
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John Howell, M. D.
(Address) Corner Lyons Court

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.