

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

397  
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **2838 Clark** Registered No. **253**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

**Curnetta Underwood** 536  
(a) Residence, No. **2838 Clark Ave.** St. **22**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, DIVORCED HUSBAND OF (OR) WIFE OF **Robert Underwood**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1907**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**About 31**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) **1-21-37** 11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**  
13. NAME **Robert Joplin**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**  
15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**  
17. INFORMANT (ADDRESS) **Robert Underwood, 2838 Clark Ave.**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **1-9**, 19**38**  
19. FUNERAL DIRECTOR (ADDRESS) **Eden Irving, 2955 Thomas**  
20. FILED **JAN 8 1938** **J. P. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan/3/** 19**38**  
22. I HEREBY CERTIFY, That I attended deceased from **Dec/2/** 19**37** to **Jan/3/** 19**38**  
I last saw her alive on **Jan/3/** 19**38**. Death is said to have occurred on the date stated above at **10-55 P** m.  
The principal cause of death and related causes of importance were as follows:  
**Angina Pectoris**  
**Myocarditis**  
Date of onset **6 wks**  
Other contributory causes of importance:  
**Acute Parenchymatous Nephritis** **2 mos.**  
Name of operation **Caesarian** Date of **1924**  
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) **M. Moore** M. D.  
(Address) **1336 Franklin, St. Louis, Mo.**

Accuracy of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every supplier - AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Raymond E. Gehrke, Licensed Embalmer No. 3985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. # .....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Raymond E. Gehrke  
..... Licensed Embalmer No. 3985

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**