

REC'D APR 1 1938

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

8917

Do not use this space.

2506

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. John's Hospital** Registered No.
(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)

2. PRINT FULL NAME

James Curotto 630
(a) Residence, No. **6041 Waterman Ave.** St. **5** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Curotto**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 2, 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as saw mill, bank, etc. **Retail Liquor Dealer**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio 0**
13. NAME **James Curotto 7**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy 9**

MOTHER 15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mr. Roy L. Curotto**
(ADDRESS) **6041 Waterman Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Mar. 16, 1938**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt. Co.**
(ADDRESS) **3840 Lindell Blvd.**

20. FILED **MAR 15 1938**
J. B. Breda
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 14, 1938 19**

22. I HEREBY CERTIFY, That I attended deceased from **2/10**, 19**38**, to **3/13**, 19**38**
I last saw him alive on **3/13**, 19**38** Death is said to have occurred on the date stated above, at **1:45 AM.**
The principal cause of death and related causes of importance were as follows:
chr. Myocarditis Date of onset
930

Other contributory causes of importance:
Prostatic obstruction 6 years
Agute Cholecystitis 7 days
no stones
Prostatectomy 2/26/38
Name of operation **Cholecystectomy** Date of **3/6/38**
What test confirmed diagnosis? **Was there an autopsy? No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **none** Date of injury, 19.....
Where did injury occur?, 19.....
(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? **None**
specify

(Signed) **Leo J. Bartel**, M. D.
(Address) **Calvary Park**

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No. 2868

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