

6 1938

OCT 6 1938

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

33308  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township 1 Primary Registration District No. 1465  
(c) City Rich Hill (d) Street No. Marys Hosp Registered No. 1465  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) Home in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dennis Walsh Curtin  
(a) Residence, No. 5775 Easton Ave St.  (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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9<sup>th</sup> / 1938

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)  
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) New York N.Y.

FATHER 13. NAME Walter Curtin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) St. Louis

MOTHER 15. MAIDEN NAME Selma M. Walters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Chicago Ill

17. INFORMANT (ADDRESS) Selma Curtin 5775 Easton

18. BURIAL, CREMATION, OR REMOVAL buried Sept 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. McLaughlin 1236 Marion St

20. FILED SEP 6 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1938, to Sept 5, 1938  
I last saw him alive on Sept 5 1938 Death is said to have occurred on the date stated above, at 10:17 m.  
The principal cause of death and related causes of importance were as follows:

ulcerative Colitis Aug 24 1938  
11918  
Other contributory causes of importance: Toxic myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab Was there an autopsy? yes

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) Leo J. Pully M.D.  
(Address) 812 S. Page Blvd

A review 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*BERNARD H. STUART*, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Bernard H. Stuart*

Licensed Embalmer No. \_\_\_\_\_

*3500*

P. O. Address \_\_\_\_\_

*5318 Burtme*

**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.)**

**If this body is not embalmed, above space should be left blank.**