

NOV 13 1939

791

Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A TYPE
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 5371 O Dell Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Infant Curtis V

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Oct 13 1939
 (Month) (Day) (Year)

8. AGE: 10 Years _____ Months _____ Days _____ If less than one day _____ hr. 10 min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Edward Curtis

12. Name Edward Curtis

13. Birthplace Italy (City, town, or county) (State or foreign country)

14. Maiden name Angela Curtis (City, town, or county) (State or foreign country)

15. Birthplace Chicago Ill (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Ernest

(b) Address 5371 O Dell Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 14 1939 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathew's

18. (a) Signature of funeral director Paul C. Calcaterra

(b) Address 2142 Daggett Ave

19. (a) OCT 12 1939 (Date received local registrar) (b) Registrar's Signature [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 1
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 5371 O Dell Ave (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1939 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Sept 16, 1939, to Oct 13, 1939; that I last saw her alive on Oct 13, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Nematodes Duration 10 min

Due to Congenital Patent Pyramis Orale ??

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 157c

PHYSICIAN _____ Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Paul V. Emmerich (M. D. or other) _____

Address 713 Metropolitan Bldg Date signed 10-13-39

157c

Not embalmed

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, or by.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34218
Do not use this space.

1. PLACE OF DEATH

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

Registered No. 8756

2. PRINT FULL NAME

(a) Residence, No. 630 Infant ERUTTI St.
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or 10 min.

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-16-40 J. B. Reel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1939 to Oct 13 1939

I last saw him alive on Oct 13, 1939. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify Fred V. Forment, M. D.

(Signed) Fred V. Forment, M. D.

(Address).....

SUPPLEMENTAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

