

3-40
7-39
K23139

Registration District No. **7911**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Homa & Philips*

(a) County _____

(b) City or town **St Louis**

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **26 days**
(Specify whether in this community **28 years** years, months or days)

3. (a) PRINT FULL NAME **Addie Curtis**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **negro**

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **12 11 1904**
(Month) (Day) (Year)

8. AGE: Years **35** Months **9** Days **17** If less than one day hr. **5** min.

9. Birthplace **Dyer** **Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Olwin Perry**

13. Birthplace **Dyer** **Texas**
(City, town, or county) (State or foreign country)

14. Maiden name **Rozella B. King**

15. Birthplace **Newton** **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anette Turner**

(b) Address **712 N 18th St**

17. (a) **Burial** (b) Date thereof **11-3-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Thomas & Davis**

(b) Address **2734 Sheridan Ave**

19. (a) **NOV 8 1940** (b) **J. H. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **712 N 18th**
(If rural, give location)

(e) Foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**
year **1940** hour **5:15** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct 2**, 1940, to **October 28**, 1940;
that I last saw her alive on **October 28**, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Lymphocytic Meningitis** **6-8 days**
non epidemic

Due to _____

Due to _____

Other conditions **790a**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy **Meningitis**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H. E. Brown** (M. D. or other)

Address **2600 Whittier** Date signed _____

