

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

Do not use this space.

6667

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **St. Johns Hosp.**)

File No. ....

Registered No. **1616**

St. ....

Ward

**2. FULL NAME**

(a) Residence. No. ....

St. **12**

Ward. **415 Lincoln**

**Chicago Ill.**

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

**male**

4. COLOR OR RACE

**white**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**married**

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

**Margaret Curran**

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

**Feb. 24. 1898**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

**29**

**11**

**19**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

**Auditor**

(b) General nature of industry, business, or establishment in which employed (or employer)

**Gilbo's Truck Co.**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Washington D.C.**

10. NAME OF FATHER

**Patrick J. Curran**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Ireland**

12. MAIDEN NAME OF MOTHER

**C. Carr**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Ireland**

14.

INFORMANT

(Address)

**Mrs. E. J. McCarthy  
4615 Lincoln Chicago Ill.**

15.

FILED

**Feb 14 1928**

**Mark Starbuck**

REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

**Feb. 13 1928**

17.

I HEREBY CERTIFY, That I attended deceased from **Feb. 7** 1928, to **Feb. 13** 1928 that I last saw him alive on **Feb. 13** 1928, and that death occurred, on the date stated above, at **11:28** a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Staphylococcus meningitidis  
Lateral Sinus Thrombosis fulminans  
Acute Sphenoidal-Sigmoiditis**

CONTRIBUTORY (SECONDARY)

**74**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

**St. Louis**

19. DID AN OPERATION PRECEDE DEATH.....

**no**

DATE OF.....

20. WAS THERE AN AUTOPSY.....

**no**

WHAT TEST CONFIRMED DIAGNOSIS

**Chemical kidneys**

(Signed).....

**W. H. McIntyre M. D.**

, 19

(Address) **Coronets Hotel, St. Louis**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

**Chicago Ill**

**Feb 14 1928**

20. UNDERTAKER

ADDRESS

**Mullen and Co.**

**Delmar Ill**

N. B.—Every item 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.

