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.

JUN 26 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160 — File No. 19097

Township — Primary Registration District No. 4470 — Registered No. 54

City University City Mo (No. Ruth Golf Course University City Mo St. Ward)

2. FULL NAME Thos. E. Curtis

(a) Residence, No. 3810 Botanical Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Emma A. Curtis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/17/1874

7. AGE: Years 59 — Months 10 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hardware
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): Oklahoma

FATHER

13. NAME: Columbus Curtis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Minerva Sills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Emma A. Curtis, 3810 Botanical Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 5/12/34 19

19. UNDERTAKER (ADDRESS): Robert J. Amberuster Inc, 6633 Clayton Road

20. FILED 5/16, 1934 Lena V. Moeller, Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3PM m.

The principal cause of death and related causes of importance were as follows:

Myocardial dilitation, Coronary sclerosis, with almost occlusion of the right coronary artery near its approximate. Chr. myocarditis, Chr. endocarditis, ulcerated.

Date of onset

Other contributory causes of importance:

Chr. int. nephritis, large intramural thrombus (organized) adhered fast in the apex region of the l. ventricle.

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

What test confirmed diagnosis? autopsy 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?

If so, specify .....

(Signed) Luke B. Turnon, M.D. 5/11/34

(Address) 3718 Jennings Rd

Coroner St. Louis, Co., Mo.

Sec; Acute dilitation and occlusion of r. coronary.