

DEC 11 1938

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

41509  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Josephine Hospital Registered No. 11201  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

63 St. Margaret Curtis  
(a) Residence, No. 3538 Giles Ave. St. 16  
(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 Female 4. COLOR OR RACE White 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) May 27th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 7 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME William T. Curtis 14. BIRTHPLACE (CITY OR TOWN) Connecticut (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Flaherty 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Bertha Curtis (ADDRESS) 3538 Giles Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 12-29, 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kingshighway

20. FILED DEC 28 1938 J.D. Butler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1938, to 12-27, 1938  
I last saw him alive on 12-26, 1938. Death is said to have occurred on the date stated above, at 2 A.M.

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

Acute Myocarditis  
Caused by chr myocarditis

Other contributory causes of importance:  
Cholecystitis, no stone

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 .....  
(Signed) Charles Drace M. D.  
(Address) 3702 Edward

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

3014-1-38 I X14028

11-1  
Dr. C.C. Drace  
3762 Gravois Ave.

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**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.....

*Edwin M. Dermatt*

Licensed Embalmer No.....

*3024*

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.**