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.

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

Do not use this space.

38082

1. PLACE OF DEATH
County St Louis — Registration District No. 189 — File No.
Township Central — Primary Registration District No. 6033 B — Registered No. 342
City (No. 1579, Wellston Pl. St. Ward)

2. FULL NAME Frederick Currall
(a) Residence. No. 1579 Wellston Pl. Ward.
(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 Clara Currall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1866

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|
| 61 | 2 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) England

PARENTS
10. NAME OF FATHER Wm. Currall
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Emma Blackwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT Mrs. Clara Currall
(Address) 1579 Wellston Pl.

15. FILED 12/27, 1927 Nella Bracy, M.D. REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1927

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1927, to Dec 26, 1927 that I last saw him alive on Dec 25, 1927, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brights Disease
~~93A~~
~~132A~~
129a
(duration) about 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Antic Insufficiency
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) W W Vaughan, M. D
12/27, 1927 (Address) 4397 Kingsbury

*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: Valhalla Cemetery — DATE OF BURIAL: 12-28 1927

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton ave

[illegible]

9 [illegible]