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.

JUL 21 1934

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

Do not use this space.

File No. 22745

Registered No. 2146

1. PLACE OF DEATH
County: St. Louis
Township: Carondolet
City: Koch (No. ..., ... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 03

2. FULL NAME: Edward Currall
(a) Residence, No. 732 Thrush Avenue St., ... Ward. St Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. 27 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 Irma Peterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1906

7. AGE: Years 27 | Months 9 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carburetor Company
10. Date deceased last worked at this occupation (month and year) October 1933
11. Total time (years) spent in this occupation 7 yrs

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

FATHER
13. NAME John E. Currall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Louise Troscoutt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Koch Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE East St Louis Ill DATE 7-2 1934
19. UNDERTAKER (ADDRESS) Burke Funeral Co. 3300 State East St. Louis Ill
20. FILED 6-29 1934 O. B. Hyde M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-2-33, 19..., to 6-29-34, 19...
I last saw him alive on 6-29-34, 19... Death is said to have occurred on the date stated above, at 2:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial tuberculoma	April 1934?
Pulmonary Tuberculosis	August 1933
Tuberculosis of larynx	Feb. 1934

Other contributory causes of importance:

Name of operation ..... Date of
What test confirmed diagnosis? X-ray & sputum Was there an autopsy? No

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? No
If so, specify .....
(Signed) Paul Murphy, M. D.
(Address) Koch, Missouri.