

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

Do not use this space.

36270

1. PLACE OF DEATH

County..... Registration District No. 1000
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 1833 Dolman) St. Ward)

File No.
 Registered No. 10803

2. FULL NAME

Richard E. Curley
 (a) Residence. No. 1833 Dolman St. 237 Ward. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 - 31
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER W. J. Curley
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Missie Ritcher
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greenville
 (STATE OR COUNTRY) Mo.

14. INFORMANT Mr. J. Curley
 (Address) 1833 Dolman

15. FILED 26 1931 May 6 Starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 10/20/31 to 10/23/31, 1931.
 that I last saw him alive on 10/23/31, 1931, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branchio-Pneumonia.

CONTRIBUTOR (SECONDARY) La Supp - de Ruch
 (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? W DATE OF

WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS? Examp'd Observation
 (Signed) Henry Starkoff M.D.
 (Address) 8531 Delbert

*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 Calvary DATE OF BURIAL 10 - 26 1931

20. UNDERTAKER Dr. C. Maydell ADDRESS 1926 Allen

N. B.—Every item of INFORMATION SUPPLIED BY THE DECEASED OR HIS NEAREST RELATIVE IS VERY IMPORTANT. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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