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

Do not use this space.

10541

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 13 — Registered No. 98
City ~~Koch Mo.~~ (No. ..... St. ..... Ward)

2. FULL NAME Murray, Ray — Koch Hos
(a) Residence. No. 3315 Lawton St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred X 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: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~OR WIFE OF~~ Cordelia Murray, 31st

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 24, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	7	4	

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

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

PARENTS
10. NAME OF FATHER Hugh Murray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Manuel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Mo.

15. Mch. 28, 1928 L. C. Obroch
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 31st, 1927, to March 28, 1928, that I last saw him alive on March 28, 1928, and that death occurred, on the date stated above, at 7:45 A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pul. Tuberculosis
23A
27A
About 3 (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Tbc. Symphysis
About (duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. L. Ehrlich, M. D.
, 19 (Address) Koch Hospital

*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: Washington Pk — DATE OF BURIAL: Mar 29 1928

20. UNDERTAKER: Elmer E. Pettis — ADDRESS: 3030 Bell Ave

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.