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

Do not use this space.

21988

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. 791

City St. Louis (No. Missouri Baptist Sanitarium St. Ward)

File No. ..... Registered No. 6154

2. FULL NAME Annie E. Murray

(a) Residence. No. 8217 Alban ave St. 12 Ward. St. Louis co. Mo.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Charles A. Murray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 10, 1868

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 7 | 27 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Practical Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Brazeau
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Angie Milster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Sarah Lucky

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Chas A. Murray
(Address) 8217 Alban ave

15. FILED ....., 19 ..... REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1928

17. I HEREBY CERTIFY, That I attended deceased from June 2 1928, to June 6 1928, that I last saw her alive on June 6 1928, and that death occurred, on the date stated above, at 2.28 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia - Hemorrhage
Brain
(duration) ..... yrs. 1 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Depression Resp center
(duration) ..... 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? Hemorrhage + Clinical

(Signed) Rev J Reilly M.D

June 7, 19 28 (Address) 8105 Rose Blvd

*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 | DATE OF BURIAL |
|---|---|
| Seventy-six Mo. | June 8 1928 |
| 20. UNDERTAKER | ADDRESS |
| Elmer Shepard | 1167 Hamilton ave |

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.

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