

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

Do not use this space.

42519

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. St. Louis East)
 Registration District No. 791
 Primary Registration District No. 1003
 File No.
 Registered No. 11753
 St. Ward)

2. FULL NAME

Estelle Munday
 (a) Residence. No. 5718 Calumet St. 5 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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1878
 AGE YEARS MONTHS DAYS
40 50
 IF LESS than 1 day, hrs. or min.

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

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

10. NAME OF FATHER Geo Murrey

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

12. MAIDEN NAME OF MOTHER Josephine Hunt

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

14. INFORMANT Chas. P. Heinrichs
 (Address) Jefferson City Mo

15. FILED 19
 REGISTRAR Max C. Stankard

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., (that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 8:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia following shock + injuries (fractured ribs) struck by auto in St. Louis Mo no labor or wounds #103
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Whether accidental or Criminal not ascertained
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Carne, M. D.
12/3, 1928 (Address) Dep. Coran

*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 Jefferson City Mo
 DATE OF BURIAL 12/4 1928

20. UNDERTAKER Alexander & Sons
 ADDRESS 6175 Delmar

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

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

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.

