

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

Do not use this space.

13204

1. PLACE OF DEATH

County..... Registration District No. 79L
Township..... Primary Registration District No. 1003
City St. Louis (No. 3133 St. Vincent Ave)
St. Ward)

File No.
Registered No. 3764
St. Ward)

2. FULL NAME

(a) Residence. No. 3133 St. Vincent Ave, St. 17 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 8th 1864</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	IF LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED <u>107A</u>		
(a) Trade, profession, or particular kind of work <u>Mechanic</u> <u>106B</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Murch, Motor & Cycle Company</u> <u>352</u>		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.
St. Louis

10. NAME OF FATHER

Peter J. Murch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Belgium

12. MAIDEN NAME OF MOTHER

Mrs. S. Fleming

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

14.

INFORMANT John S. Murch
(Address) 3133 St. Vincent Ave

15.

MAR 28 1929
FILED Mar 28 1929
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1929
17. I HEREBY CERTIFY, That I attended deceased from 8:15 to 10:00 AM, 1929, and that I last saw him alive on about 6:00 AM, 1929, and that death occurred, on the date stated above, at 8:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Hard Chronic Bronchitis
& Bronchiectasis for over 12 years
with resultant Broncho-pneumonia
& Cardiac dilatation (duration) 1.0 yrs. mos. da.

CONTRIBUTORY ~~non~~ non Tubercular
(SECONDARY) Bronchitis &
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Thomas L. Brinkman M.D.
3/27 1929 (Address) 4500 Olive St.

*State the URMAN 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 Mar 28 1929

20. UNDERTAKER

Wagoner & Co ADDRESS 3121 Olive St.

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.

