

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

Do not use this space.

10240

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis (No. 5301 Page 1008) St. _____ Ward _____

File No. _____
 Registered No. 2199
 St. _____ Ward _____

2. FULL NAME Donald K. Murri

(a) Residence. No. 5301 Page St. 6 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 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) May 2, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>1</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (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.

PARENTS

10. NAME OF FATHER Frank Murri
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Lotha Triman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Frank Murri
 (Address) 37 Sunset Court

15. FILED _____ 19 _____
May Stanley
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/3 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-2-30 to 3-3 1930 that I last saw him alive on 3-3 1930, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
190
86
158
Menia 2 convulsions
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Congenital Nephrosis
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED St Ann's Hospital
 IF NOT AT PLACE OF DEATH. St Ann's Hospital
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? none
 WHAT TEST CONFIRMED DIAGNOSIS Physical Indurap
 (Signed) Dr. H. L. ... M. D.
3-3, 1930 (Address) 7303rd Natural Bridge

*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 Colony DATE OF BURIAL 3/3 1930

20. UNDERTAKER Arthur Kelly ADDRESS 4524 Easton

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.

