

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

Do not use this space.

10812

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis (No. City Hospital)

File No.
Registered No. 2836
St. Ward

2. FULL NAME

Mary Murray
(a) Residence. No. 4602 San Francisco St., 7 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thos Murray</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown 1849</u>		
7. AGE YEARS <u>abt. 81</u>	MONTHS <u>Unknown</u>	DAY <u>Unknown</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

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

PARENTS	10. NAME OF FATHER <u>Lawrence Finn</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Lee Murray
(Address) 4602 San Francisco

15. FILED 20 1930
REGISTRAR Ray C. Starke

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1930

17. No Physician in Attendance
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 5:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Burns 1875 Degree Due to Clothing becoming Ignited from Gas Range (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
No Burning Building

IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Turner M.D.
3/30/30 (Address) Dep Corvies

*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 <u>balcony</u>	DATE OF BURIAL <u>3-21 1930</u>
20. UNDERTAKER <u>Arthur J. Donnelly</u>	ADDRESS <u>2039 Wood St</u>

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.

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