

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

8226

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 791
 City St. Louis (No. St. Mary Infirmary)

File No.
 Registered No. 2618
 St. Ward)

2. FULL NAME

(a) Residence. No. 4461 Minnesota St. 15 Ward. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-2-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 24

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

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

10. NAME OF FATHER John Murdock

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

12. MAIDEN NAME OF MOTHER Don't Know

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

14. INFORMANT James Murdock
 (Address) 4461 Minnesota

15. FILED 21 1931 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/26 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/3/31, 19... to 2/26/31, 19... that I last saw alive on 2/26/31, 19... and that death occurred, on the date stated above, at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
 (duration) 10² yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Coronary thrombosis
 (duration) 2 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? yes (1)

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) R. O. Mueller, M. D.

7/26 1931 (Address) 1536 Papin

*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 Valhalla Cemetery DATE OF BURIAL March-2 1931

20. UNDERTAKER Heuch Bros ADDRESS 2201 So. Grand

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

