

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

Do not use this space.

39036

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4732, Washington Ave) St. Ward)

File No.
Registered No. 11202
St. Ward)

2. FULL NAME

(a) Residence, No. St., 12 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 (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Murphy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
88 About unknown
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
13. NAME Dont Know Foley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs James Casey
(ADDRESS) 4732 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bahary DATE 11-9 1937

19. UNDERTAKER Arthur J. Donnelly, Inc. Co
(ADDRESS) 2439 Park St St. Louis

20. FILED 11-10-37 19 1937
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, to Nov 5, 1937
I last saw her alive on Nov 5, 1937 Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:
Acute Myocardial Infarction Date of onset
Myocardial Regeneration
Insult

Other contributory causes of importance:
92A
93A
15E
Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Cardiac & Sural M. D.
(Signed) James J. Shurgal
(Address) 1901 Madison

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.

Dr Stregal
19 Madison St
7-3 R