

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

Do not use this space.

2359

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160  
 Township Central Primary Registration District No. 4470  
 City University City, Mo. No. 6372 Maple Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 6372 Maple Ave. St. \_\_\_\_\_ 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>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bernard Laws</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 18 = 1875</u>					
7. AGE YEARS <u>56</u>		MONTHS <u>0</u>		DAYS <u>23</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>					
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) <u>Jeuneuse 2</u>					
13. NAME <u>John Murrey</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>					
15. MAIDEN NAME <u>Josephine LaClair</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>					
17. INFORMANT (ADDRESS) <u>Bernard Laws 6372 Maple Ave.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>Jan. 13, 1932</u>					
19. UNDERTAKER (ADDRESS) <u>Jos. Dr. Delark 1125 N. Diamond Ave.</u>					
20. FILED <u>Jan. 11, 1932</u> <u>Rena V. Moeller</u> D. Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 10, 1931 to Jan 9, 1932  
 I last saw her alive on Jan 9, 1932 Death is said to have occurred on the date stated above, at 7:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Ch. Tuberculosis (Pulmonary) Date of onset May 1931  
Ch. Myocarditis  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-Ray Was there an autopsy? No

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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. A. Preenell, M. D.  
 (Address) Lister Bldg.

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.

EB 25 1932

Richard [unclear]  
10 12