

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.

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

Do not use this space.

6030

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248 C  
 City St. Louis (No. 919 W. Malachou) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry Murjahn  
 (a) Residence 818 20th St. 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>Male</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>Katharine</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 1850</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>6</u>	DAYS <u>1</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jobber</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>odd jobs</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>Germany</u> <u>10</u>				
FATHER	13. NAME <u>Henry Murjahn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Katharine Murjahn</u> (ADDRESS) <u>919 Malachou</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia</u> DATE <u>Feb 13 1932</u>				
19. UNDERTAKER <u>Penally Wood Co</u> (ADDRESS) <u>1819 Malachou St</u>				
20. FILED <u>Feb 13 1932</u> <u>L. C. Obrock</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932 to Feb 11, 1932  
 I last saw him alive on Feb 11, 1932 Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Bronchitis Feb 6 - 32  
106A  
162 106A

Other contributory causes of importance:  
Infirmities of old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? D 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 \_\_\_\_\_  
 (Signed) B. H. Tate, M. D.  
 (Address) 9439 Edgemoor

FEB 25 1932

