

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

Do not use this space.

13752

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township Riverside Gardens Primary Registration District No. 6030
 City St. Ferdinand (No. 356 Garden Drive) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 356 Garden Dr. St. _____ 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 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 William Delphey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27 1859
 7. AGE YEARS 72 MONTHS 7 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
 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) St. Louis Mo.

13. NAME John Murray

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

15. MAIDEN NAME Margaret Casberg

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

17. INFORMANT William T. B. Delphey (ADDRESS) 356 Garden Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 1-4 1932

19. UNDERTAKER (ADDRESS) Witt Bros. & Co 2520 Jefferson Ave

20. FILED 11/8 1932 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/10 1932 to 4/1 1932
 I last saw her alive on 4/1/32, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

apoplexy (Cerebral Hemorrhage) 3/10/32
82A
 Other contributory causes of importance: 82W
 Date of onset _____

Name of operation _____ 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 _____, 1932
 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) W. Chapman M. D.
 (Address) 8321 21st St

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.

APR 29 1934

V. S. NO. _____

