

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 1792
Township..... Primary Registration District No. 10-28
City St. Louis Mo. (No. 3021 N. 11 St.)

File No. 7569
Registered No. 1525
St. Ward)

2. FULL NAME

(a) Residence, No. 3021 N. 11 St. St., 26 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28th 1876
7. AGE YEARS 56 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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 Wm. Murphy

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

15. MAIDEN NAME Catherine Moran

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

17. INFORMANT Nathyn Courtney (ADDRESS) 3021 N. 11 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 15th 1933

19. UNDERTAKER (ADDRESS) And. Brookland, R. 24, Co.

20. FILED FEB 14 1933 Wm. C. Starker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from February 6th 1933, to Feb 12th 1933.
I last saw her alive on Feb. 12th 1933. Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Feb. 6th 1933
Dr. G. W. Wilson
Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? None 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) G. W. Wilson, M. D.
(Address) 4105 N. Flannery Ave.

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.

WHITE LABEL WITH IMPAGING INK—THIS IS A PERMANENT RECORD

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