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.

AUG 26 1933

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

Do not use this space.

25060

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25060

Township ..... Primary Registration District No. 1008 Registered No. 6477

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 6264 Edward Murry

(a) Residence, No. 1844 S. 9th St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 3 1930

7. AGE: YEARS 3 | MONTHS 5 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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.

FATHER
13. NAME: Edward Murry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Dexter Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Hosp Dept. Middle Kent City Hosp

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St. Mathews DATE July 26, 1933

19. UNDERTAKER (ADDRESS): A W McLaughlin 1621 Missouri Ave

20. FILED JUL 26 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1933, to 7-25, 1933

I last saw him alive on 7-25, 1933. Death is said to have occurred on the date stated above, at 5.50 P m.

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

Gastro-enteritis, acute (Type unknown) — Date of onset 7/15/33

120 B 119 B

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) H. F. Quattrough, M. D.

(Address) City Hospital