

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

Do not use this space.

FEB 27 1934

PLACE OF DEATH

County St. Louis

Registration District No. 0790

File No. 2469

Township St. Louis

Primary Registration District No. 6033 a

Registered No. 15

City Cleyston MO

(No. St. Louis County Hospital St. _____ Ward)

2. FULL NAME

John Murrell

(a) Residence, No. Halls Ferry at Mesquite Grove St. ? Ward. _____
(Usual place of abode) Flouissant MO (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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abt 67 — — —

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. Labor

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) Virginia

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Free Vincent
(ADDRESS) Robert

18. BURIAL CREMATION, OR REMOVAL PLACE Cold Water Cem. DATE 1/17/34

19. UNDERTAKER W.S. Wade and Co
(ADDRESS) 4702 Fenwick Ave

20. FILED Jan 17 1934 Robt J. Ambrose
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1934, to 1-16, 1934

I last saw him alive on 1-16, 1934 Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Chronic Nephritis & Edema Date of onset _____

131
107A
100A

Other contributory causes of importance: _____

Branchopneumonia
Thrombophlebitis of left lower
extremity

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) E. G. Quisenberry, M. D.

(Address) St. Louis County Hospital
Classified
Mo

