

JUL 12 1935

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

Do not use this space.

21061

1. PLACE OF DEATH :

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **St. Anns Home** Ward)

File No.
Registered No. **4972** (Ward)

2. FULL NAME **Elizabeth R Hurley**

(a) Residence, No. **5301 Page Blvd.** St. **6** 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) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **James Hurley**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jun 6th. 1845**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90yrs 4mo 29da.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nurse**
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) **Phila Penn**
(STATE OR COUNTRY)

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **George B Brooks**
(ADDRESS) **3645 Evans Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Wells Fountain Burial** DATE **4/7 1935**

19. UNDERTAKER **Harrigan & Sheehan Und Co**
(ADDRESS) **4425 Washington Blvd.**

20. FILED **JUN - 6 1935**
J. Bredenk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 5th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **4-21-** 1935, to **6-4-** 1935.
I last saw him alive on **6-4-** 1935. Death is said to have occurred on the date stated above, at **2:45 pm**
The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic)
93c
Other contributory causes of importance:

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 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) **J. O. Conroy** M. D.
(Address) **1314 A. N. Grand**

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.

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