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.

MAY 7 1936

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

Do not use this space.

17630

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4413

City Saint Louis (No. 3930 Aldine Avenue St. ..... Ward)

2. FULL NAME Edward Murrell

(a) Residence, No. 3930 Aldine Avenue St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Georgia Murrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1876

7. AGE: YEARS 60 | MONTHS 0 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Company
10. Date deceased last worked at this occupation (month and year) September 1935
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Alabama

FATHER

13. NAME Samuel Murrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable "

MOTHER

15. MAIDEN NAME Sarah-Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Alabama

17. INFORMANT (ADDRESS) Georgia Murrell 3930 Aldine Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE April 23, 1936

19. UNDERTAKER (ADDRESS) Charles J. Tales 4107 Finney Avenue

20. FILED APR 22 1936 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 36, to April 20, 1936

I last saw him alive on April 20, 1936 Death is said to have occurred on the date stated above, at 12:55 A.M.

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

Chronic Endocarditis
Nephritis — 12/3/36

Date of onset

Other contributory causes of importance:

Rheumatism — 10/10/36

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 XXXXXXXX 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) T. J. Jones, M. D.

(Address) 2330a Franklin Avenue