

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

(Do not use this space.)

1. PLACE OF DEATH JUL 14 1936
 County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis (No. 4372, West Pine Bl. St. Ward)
2. FULL NAME Elizabeth L. Murnahan
 (a) Residence, No. 4372 25 Pine Bl. St. 19 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.

24222

File No.
 Registered No. **5831**
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 5

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

MOTHER / FATHER
13. NAME Bernard Murnahan

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

15. MAIDEN NAME Mary O'Neil

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Jean Murnahan
 (ADDRESS) 4372 25 Pine Bl.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE June 5 1936

19. UNDERTAKER Arthur J. Donnell 2460
 (ADDRESS) 3840 Landell Bl.

20. FILED JUN 4 1936 J. B. Bredbeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 - 1936
I last saw her alive on June 3 - 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
1/2/1
 Date of onset 6-2-36
 Other contributory causes of importance:
Coron. Vascular Disease
Severe with Hypertension 2-1-36

Name of operation Date of
 What test confirmed diagnosis? B. P. ... Where an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) A. J. Caendoneck M. D.
 (Address) 4370 N Pine Bl.

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.

Handwritten text at the top center, possibly a name or title.

4390 27 1/2