APR 9 1937

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

Do not use this space.

10847

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3421

City St. Louis, Mo. (No. 1325 Ripple St., ... St. ..... Ward)

2. FULL NAME Drewry Thomas Murray

(a) Residence, No. 1325 Ripple St. St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1.2	74	0	19	

OCCUPATION

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

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) Doe Run, Mo.

FATHER

13. NAME Drewry Murray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run, Mo.

MOTHER

15. MAIDEN NAME Unknown Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run Mo.

17. INFORMANT (ADDRESS) Emma Murray 1325 Ripple St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 3/30/37 19

19. UNDERTAKER (ADDRESS) Edith E. Ambruster 4230 Manchester

20. FILED MAR 29 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1936, to 3-28, 1937

I last saw him alive on March 27, 1937. Death is said to have occurred on the date stated above, at 4.30 A.M.

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

	Date of onset
Chronic Endocarditis about	1925
Pulmonary Edema	3-27-37
Other contributory causes of importance:	
Hypertension about	11-16-36

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 — none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Wm. G. Wood M. D.

(Address) 1005 McCausland St. Wm.

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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