

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20487

Do not use this space.

5626

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City ST. LOUISRegistration District No. 701
1008Primary Registration District No. ST ANTHONY HOSP.

Registered No.

(d) Street No. ST ANTHONY HOSP. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME BRIDGET MURRAY(a) Residence, No. 1221² OPALLON St. 25 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 13 18847. AGE YEARS 54 MONTHS 3 DAYS 7 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME

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) IRELAND.13. NAME TIMOTHY MURRAY14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.15. MAIDEN NAME MARGARET MAHONEY16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.17. INFORMANT (ADDRESS) GEO. REED - 4232² ST LOUIS AVE18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JUNE 23 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) LAWRENCE MULLEN 5165 DELMAR BLVD.20. FILED JUN 22 1938 J. P. Bricker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 20 193822. I HEREBY CERTIFY, That I attended deceased from June 19 1938 to June 20 1938
Last saw her alive on June 20 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Pneumonia acute Date of onset June 20 1938

Other contributory causes of importance:

myo carditis (chronic)
Post operative CataractName of operation Removed Cataract from eye Date of operation 6/18/38What test confirmed diagnosis? Phys. cal. Exam. aut. 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?

If so, specify.....

(Signed) Robert P. Warner M. D.(Address) 111² - Carol Brown, Belle
St. Louis, Mo

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.

I X14025

Dr. R. Warner.

Paul Brown

C.H. 4747

10 to 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

John Ketter

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

John Ketter

Licensed Embalmer No. 3880

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.