

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

Do not use this space.

11260

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 100 S. Channing) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3345  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lizzie Murray  
 (a) Residence. No. 100 S. Channing Ave Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 45 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 Colo. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 19-1899  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 00 8 11  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Funerary  
 (b) General nature of industry, business, or establishment in which employed (or employer) O.M. Woods  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Charles  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henry Reich  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles  
 (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER Mary Reich  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Mary Roberts  
 (Address) 100 S. Channing Ave.

15. FILED 1930 May 21 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1930, to Mar 30 1930  
 that I last saw her alive on Mar 29 11 35 and that death occurred, on the date stated above, at \_\_\_\_\_ p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Apoplexy  
87 A  
11 B (duration) yrs. mos. ds. 2  
 CONTRIBUTORY Incompetence  
 (SECONDARY) (duration) yrs. mos. ds. 28

18. WHERE WAS DISEASE CONTRACTED 74 E  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Chas. H. Phelps, M. D.  
 , 19 (Address) 300 1/2 S. La Cade

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Stephen DATE OF BURIAL April 6 1930  
 20. UMBERTAKER James E. Keller ADDRESS 2080 Well

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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