

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

Do not use this space.

36327

1. PLACE OF DEATH

County Registration District No. 101
Township Primary Registration District No. 1057
City St. Louis (No. 6116, Pershing)

File No.
Registered No. 10861
St. Ward)

2. FULL NAME

(a) Residence No. St. 5 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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeremial Murphy</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1864</u> | | |
| 7. AGE <u>abt 67</u> | YEARS — | MONTHS — |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u> | | 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) <u>St. Louis</u> | | |
| 13. NAME <u>John Shea</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> | | |
| 15. MAIDEN NAME <u>Unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> | | |
| 17. INFORMANT <u>Robt E. Murphy</u> (ADDRESS) <u>6116 Pershing</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Galvray</u> DATE <u>10-29</u> <u>31</u> <u>19</u> | | |
| 19. UNDERTAKER <u>Arthur J. Donnelly and Co</u> (ADDRESS) <u>27439 Wash St</u> <u>1001</u> | | |
| 20. FILED 19 <u>Mar 6</u> <u>Blasseoff</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Oct 25, 1931

I last saw h. or alive on Oct 25, 1931 Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset Oct 23-31

Other contributory causes of importance:
arterio-sclerosis 57 years +

Name of operation no 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: no

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? no

If so, specify -

(Signed) John J. Langan, Jr., M. D.
(Address) 5803 Myrtle

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. W. J. Longenecker
5801 Plymouth
11-12-20