

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

Do not use this space.

14024

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 253 +

City St Louis Mo (No. City Hospital 2)

File No.....

Registered No. 3351

St. Ward)

2. FULL NAME

(a) Residence, No. 1312 N 11th St. St. 25 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 237
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) Miss

13. NAME Jim Murphy

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

15. MAIDEN NAME Maria Barkema

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Via

17. INFORMANT (ADDRESS) W. Struder, 11th St. City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE April 6 1932

19. UNDERTAKER (ADDRESS) City Hospital

20. FILED PR - 5 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1932 to 4-2 1932

I last saw him alive on 4-2-1932 Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Generalized Peritonitis
Ruptured Appendix
Other contributory causes of importance: (1)

Name of operation Appendectomy Date of 3-27-32
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Wm. Struder M. D.
(Address) City Hospital #2

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.

