

N. E.—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.

PP 24 939

350 MAY 11 1939

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

16184
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Candlelit Primary Registration District No. 200 Registered No. 730
 (c) City St. Louis or (d) Street No. North Way 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 1 yrs. 7 mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

6000 Patrick MURRAY
 (a) Residence, No. 2428 Colburn St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 | 1 | 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) July, 1937 11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Steven Murray

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

MOTHER 15. MAIDEN NAME Annie Walsh

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

17. INFORMANT (ADDRESS) North Hospital Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 4-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullinane Brothers
1710 N. Grand Blvd.

20. FILED APR 24 1939 DR. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1937, to 4-21, 1939

I last saw him alive on 4-20, 1939 Death is said

to have occurred on the date stated above, at C.A.M.

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

Perforating Tuberculosis Date of onset 1937

Other contributory causes of importance:

Name of operation Nephrectomy Date of 4-7-39

What test confirmed diagnosis? positive 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? no

If so, specify

(Signed) Israel James Hand M. D.

(Address) Robert Koch Hospital

B. C.

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

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

Signed *Fred Frick*

Licensed Embalmer No. *3186*

P. O. Address *St. Louis Mo*

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

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