

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

36125
Do not use this space

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. 2, 791
(b) Township Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 5861 Cates 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.

Registered No. 9712

2. PRINT FULL NAME Frank E Murray

(a) Residence, No. 5237 Cabanne St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1865
7. AGE YEARS 72 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Commercial etc.
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 6 yrs.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19th 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1937, to Oct 19 1937
I last saw him alive on Oct 18 1937. Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (2x) Date of onset 10/16/37
108
Other contributory causes of importance:
Hemiplegia of since 1933
Hypertension 1923

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

13. NAME Wm E Murray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19.....
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Elizabeth Garland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Manner of injury X
Nature of injury X

17. INFORMANT Mrs Frank E Murray
(ADDRESS) 5237 Cabanne

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M Geo Gossie M. D.
(Address) 5249 Raymond

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Oct 21st 1937

19. FUNERAL DIRECTOR Fred M Williams
(ADDRESS) 533 Washington Ave

20. FILED OCT 18 1937 J. Bredeck
Local Registrar.

Every item of information should be carefully supplied. Age should be stated EXACTLY. If unknown, so state. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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STATEMENT BY LICENSED EMBALMER

I, Robert William, Licensed Embalmer No. 3249

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Robert William, Registered Apprentice No. _____
Licensed Embalmer No. 3249

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.)