NOV 23 1937

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

38872
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 1170
(b) Township ~~Jefferson~~ — Primary Registration District No. 6248-H. — Registered No. 222
(c) City Richmond Heights, (d) Street No. St. Marys Hospital. 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.

2. PRINT FULL NAME John Francis Murray.
(a) Residence, No. # 17 Elm Ave. Glendale. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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: Elizabeth Lyons Murray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10, 1870
7. AGE: 67 YEARS, 7 MONTHS, 8 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Switchman.
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): Illinois.

FATHER
13. NAME: John Francis Murray.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: Rose Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Elizabeth L. Murray. # 17 Elm Ave. Glendale, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct. 20, 1937
19. FUNERAL DIRECTOR (ADDRESS): Arthur J. Donnelly Undt. 3840 Lindell Blvd.
20. FILED Oct. 18, 1937. Sam A. Bassett, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 - 1937
22. I HEREBY CERTIFY, That I attended deceased from Mar - 4, 1936 to Oct 18 - 1937
I last saw him alive on Oct. 17, 1937 Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/16/37
Lobar Pneumonia	10/14/37
Other contributory causes of importance:	
Hypertrophy Prostate	1937
Arteriosclerosis + Hypertension	1936
Name of operation: Suprapubic Cystostomy	Date of 10/11/37
What test confirmed diagnosis: Lab. + Clinical	Was there an autopsy?

108

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) H. H. Goodrich, M. D.
(Address) 17 E Lockwood

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

#17 [illegible]
Kirkwood
4-5

STATEMENT BY LICENSED EMBALMER.

I, Stanley Marchlewski, Licensed Embalmer No. 2868

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

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