DEC 13 1937

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

39377

Do not use this space.

Registration District No. 1003 791

Primary Registration District No.

Registered No. 10364

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St Louis (d) Street No. 5237 Cabanne 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 Susan M. Murray

(a) Residence, No. 5237 Cabanne St. 5

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 9 - 1861

7. AGE: Years 75 Months 10 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

FATHER

13. NAME: Darlington Trumbolt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER

15. MAIDEN NAME: Susan Hose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md.

17. INFORMANT (ADDRESS): Donald Murray 5237 Cabanne

18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park DATE: Nov. 8, 1937

19. FUNERAL DIRECTOR (ADDRESS): Fred M Williams 4535 Washington Ave

FILED: NOV 8 1937 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2-d, 1937, to Nov 5th, 1937

I last saw her alive on Nov. 5th, 1937. Death is said to have occurred on the date stated above, at 6:45 P.M.

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

	Date of onset
Acute Lobar Pneumonia	11/3/37

Other contributory causes of importance: Senility

Name of operation — Date of —

What test confirmed diagnosis? Chest Was there an autopsy? No

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) Frank L. Davis, M. D.

(Address) 630 University Club Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robert H Williams, Licensed Embalmer No. 324,

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 Robert H Williams

Licensed Embalmer No. 324

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

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri
City St. Louis ss.
~~County~~ of

State File No. 39377-37

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10364

On this 13th day of July, 1959, before me appears Donald Murray, who, upon His oath, states that the original record of ~~birth~~ death for Susan Margaret Murray ~~born~~ died Nov 5 1947- 1937, 19..., in the State of Missouri, and which was filed at Jefferson City, Missouri on 11/8, 1937 should be corrected as follows:

Item No. 2 should read Susan Margaret Murray

Instead of Susan M. Murruy

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Donald D. Murray Informa

Relationship.

6148 Washington St. Louis 12 Mo

Present Address.

Subscribed and sworn to before me this 13th day of July, 1959

My Commission expires March 9 1960

Charles L Bell Notary Public.

N. B.—Every item of information should be carefully supplied. [illegible] should be [illegible] in plain [illegible]

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

Form V. S. 460