

REV. JUN 8 1938

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

19377
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 771
 (b) Township _____ Primary Registration District No. 4465 Registered No. _____
 (c) City Bismarck (d) Street No. _____ 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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home maker
 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) Ill.

FATHER 13. NAME Robert Coy

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

MOTHER 15. MAIDEN NAME Susan Clayton

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

17. INFORMANT (ADDRESS) Mrs. James J. Antoine
Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo DATE May 10 1938

19. FUNERAL DIRECTOR (ADDRESS) Farmington West Co
Farmington Mo

20. FILED May 9 - 1938 H. W. Gale Local Registrar. 696

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 4:30 1938, to 5:30 1938

I last saw him alive on 5-7 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Fractured right hip
1920
19
Cardiac Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Jos. W. Neufman M. D.

(Address) Bismarck Mo

1862
15
Huffman

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. No. _____ or by C. H. Cozart, Registered Apprentice No. _____
working under my personal supervision.
Signed Nellie Harter
Licensed Embalmer No. 2969

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

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois Registration District No. 771 File No. 19277-
Township _____ Primary Registration District No. 4462 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Ellen Lucinda

(a) Residence, No. Bismarck Mo. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W-

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 4 3-

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19__

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the _____ stated above, at _____ m.

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

Fractured rt. Lip Date of onset _____
186 a

Other contributory causes of importance:
Cardiac Insufficiency

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-20, 1938

Where did injury occur? at her home in Bismarck (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falling down stairs

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Hoffmann, M. D.

(Address) Bismarck Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

UNITED STATES DEPARTMENT OF JUSTICE
COMMUNICATIONS SECTION
WASHINGTON, D. C. 20535

10/10/68

TO: DIRECTOR, FBI (100-442610)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: MURKIN

RE: NEW YORK TELETYPE TO BUREAU, OCTOBER TEN LAST.

ADVISE THAT THE ABOVE NAMED INDIVIDUAL IS CURRENTLY

EMPLOYED BY THE NEW YORK CITY POLICE DEPARTMENT.

ADVISE THAT THE INDIVIDUAL IS CURRENTLY ON LEAVE.

ADVISE THAT THE INDIVIDUAL IS CURRENTLY ON LEAVE.