

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1008

31120
Do not use this space.

OCT 12 1938

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. 8557
(c) City St. Louis (d) Street No. Homer, Phillips 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 22 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Walter Murray
(a) Residence, No. 3615a Cousin 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1938, to Sept. 27, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1894

I last saw him alive on Sept. 27, 1938 Death is said to have occurred on the date stated above, at 5 A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 -- 17

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

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

Pulmonary edema, caused by generalized arteriosclerosis, and pneumonia
Date of onset 9/16/38
97

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

Other contributory causes of importance: Arteriosclerosis Chronic passive congestion of liver

13. NAME FATHER Levie Murray

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

15. MAIDEN NAME MOTHER Lucinda Perry

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

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Sept. 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) St. C. Gordon 2649 W. Elm St. Bluff

20. FILED SEP 30 1938 Local Registrar

Name of operation Date of
What test confirmed diagnosis? clinical 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?
If so, specify (Signed) H. J. Lyman, M. D. (Address) 2601 N Whittier

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.

STATEMENT BY LICENSED EMBALMER

I, W. C. Gordon, Licensed Embalmer No. 3489

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

L. E.

No.....or by.....Registered Apprentice No.....
working under my personal supervision.

Signed W. C. Gordon

2649 Welmar Blvd. Licensed Embalmer No. 3489

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.)