DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24343

Registration District No. REC'D AUG 11 1939 791

Primary Registration District No. 1003

Registrar's No. 6616

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Weeks. (Specify whether years, months or days)

In this community 62 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1 (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 19

(d) Street No. 4332a Lindell Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary S. Murray. 6

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dont Know. (Month) 1877 (Day) (Year)

8. AGE: Years 62 Months Dont Days Know. If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Joseph Murray.
13. Birthplace Ireland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Stanton.
15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Ligatholder
(b) Address 3601 Lindell Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUL 28 1939 (Date received local registrar) (b) J. F. Buechel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th. year 1939 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 13th 1937, 19, to July 26th 1939, that I last saw her alive on July 26th 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Liver	6 months
Due to Carcinoma Gall Bladder	1 yr
Due to Cholelithiasis (Gall Stones)	10 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Right lobe liver large Gall Stones removed. Gall bladder indurated
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature J. F. Gallagher M.D., (M. D. or other)
Address Wed. Bldg 3963 Olive Date signed 7/27/39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—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.

1 X19311

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.)

If this body is not embalmed, above space should be left blank.