DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33939

REGISTERED NOV 13 1939

Registration District No. 791 | Primary Registration District No. | Registrar's No. 8477

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. PLACE OF DEATH: 1003 /
(a) County
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community 10 HOURS.

2. USUAL RESIDENCE OF DECEASED: /
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS MO. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4236 N. 20TH. ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME LEO. V. MURRAY 600
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
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 Feb. 14 (Month) 1898 (Day) (Year)

8. AGE: Years 41 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed Teamster
11. Industry or business /
MOTHER FATHER
12. Name John Murray /
13. Birthplace — (City, town, or country) Ohio (State or foreign country)
14. Maiden name Margaret Shaughnessy
15. Birthplace — (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature Margaret Murray
(b) Address 4261 A. N. 20 th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director W. G. Stock
(b) Address 2117 E. Grand
19. (a) OCT 3 1939 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 30 year 1939 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from JUNE 14, 1939, to SEPT. 30, 1939; that I last saw him alive on SEPT. 30, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death SEVERE CARDIAC DECOMPENSATION	UNCERTAIN
Due to PROBABLE MEDIASTINAL & LT. HILAR MALIGNANCY	UNCERTAIN
Due to Primary site probably left lung	
Other conditions NONE (Include pregnancy within 3 months of death)	

Major findings: Of operations NONE 47
Of autopsy NONE: - CORONER'S AUTOPSY REQUESTED, NOT GRANTED

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) No
(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

23. Signature Henry L. Oppenheimer (M. D. or other) MD
Address 1325 S. GRAND BLVD Date signed 10/2/39

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Gra

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.)

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