No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Dr Drum

12834

State File No.

3036

Registrar's No.

FILED MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether

In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town Stlouis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 237 No Euclid
(If rural, give location)

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

3. (a) PRINT FULL NAME Grace M. Murray (Mrs)

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 Widow

6. (b) Name of husband or wife Harvey

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

7. Birth date of deceased Apr (Month) 15 (Day) 1860 (Year)

8. AGE: Years 79 Months 11 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Wm Nixon.
13. Birthplace (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Ida Murray
(b) Address Ash Grove = Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove Ill

18. (a) Signature of funeral director Morris Leiman
(b) Address Miller Mo.

19. (a) APR 1 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4-1- day 4
year 1940 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from March 22, 1940, to April 1, 1940
that I last saw her alive on 3/31/40, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Labor Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Vincent G. Drummond (M. D. or other)
Address 1927 a No Union Date signed

(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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Ot Louis Me

**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.**