

MAY 15 1940
Registration District No. **791**

Primary Registration District No. **1003**

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:
Josephine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6836 Smiley
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 1:20 minute A M.
21. I hereby certify that I attended the deceased from 4-10
1940 to 4-16, 1940
that I last saw her alive on 4-16-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic
Duration _____

Due to Hydrostatic pneumonia unspecified
Due to _____

Other conditions infarctus 93C
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings:
Of operations none
Of autopsy none
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Selina G. McMurray 256

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Robert E. McMurray 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name John Dennison 11

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Jane Gordon

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant John D. McMurray

(b) Address 6836 Smiley Ave.

17. (a) Burial (b) Date thereof 4/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 3125 Lafayette

19. (a) APR 17 1940 (b) _____
(Date received for registration) (Registrar's Signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ph Cappel (M. D. or other) _____
Address 3239 Lorraine Date signed 4/17

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

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 Joseph B. Wolmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette

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.