

No. 2
11-10-39
1-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16063

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 702

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1504 Telegraph
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1504 Telegraph
(If rural, give location)

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

8. (a) PRINT FULL NAME Katherine Murjahn 625

3. (b) If veteran, name war --

8. (c) Social Security No. --

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Harry Murjahn

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

7. Birth date of deceased Oct. 29 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation house work at home

11. Industry or business _____

12. Name Charles Benz

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Madeline Libuicki

(b) Address 1504 Telegraph

17. (a) burial (b) Date thereof Apr. 13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) APR 13 1940 (b) A. R. Mansfield
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11, year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 9, 1940, to April 10, 1940, that I last saw her alive on April 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Duration 2 days

Due to Chronic Myocarditis

Due to _____

Other conditions 1930
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature A. W. Peters (M. D. or other) M. D.
Address 4145a South Grand Blvd. Date signed 4/11/40

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

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.