

WRITE PLAINLY—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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

16774

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

4252

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:  
6134 Pershing Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 12 years  
 years, months or days)

3. (a) PRINT FULL NAME ANDREW J. MURDOCK  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. 6376

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myra F. Murdock  
 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 26 1861  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 1 17 hr. min.

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

10. Usual occupation Real Estate & Insurance

11. Industry or business \_\_\_\_\_

FATHER { Andrew J. Murdock

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

MOTHER { 14. Maiden name Margaret O. Grady  
 (City, town, or county) (State or foreign country)

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

18. (a) Informant's own signature Myra F. Murdock

(b) Address 6134 Pershing Ave.

17. (a) burial (b) Date thereof 5/15/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAY 13 1940 (b) \_\_\_\_\_  
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6134 Pershing Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
 year 1940 hour 3 minute 45 A.M.  
 21. I hereby certify that I attended the deceased from Feb 24  
 1933, to May 13, 1940  
 that I last saw him alive on May 13, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic degenerative heart disease  
 Due to chronic glomerulonephritis  
 Due to diabetes mellitus  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Duration 7 P  
7 P  
 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) (e) Means of injury \_\_\_\_\_

23. Signature J. R. Ferguson (M. D. or other) M.D.  
 Address Humboldt St Date signed 5/13/40

(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 \_\_\_\_\_

Edward E. White, Registered Apprentice No. 209  
working under my personal supervision.

Signed Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.