

S. No. 2  
-11-10-39  
5-17-39  
-I X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17178**  
Registrar's No. **4656**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hosp 2  
(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 6 m)

8. (a) PRINT FULL NAME Francis Murray

8. (b) If veteran, name war MO 3. (c) Social Security No. 497-10-6011

5. Color Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Francis Murray 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Jan 4 1910  
(Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry of business Bookkeeping Co

12. Name Frank Murray

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

14. Maiden name Margaret Jordan

15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen Murray

(b) Address 5348 Oak Hill

17. (a) Funeral (b) Date thereof May 27 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director John H. Stewart  
(b) Address 1225 Murray St

19. (a) MAY 27 1940 (b) J. H. Stewart  
(Date of death) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis 6  
(If outside city or town limit, write "RURAL")  
(d) Street No. 5348 Oak Hill  
(If rural, give location)  
(e) Funeral Home years \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1940 hour 2:45 minute 48 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Cerebral Apoplexy

Due to Stroke

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 5

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 plant) \_\_\_\_\_ (e) Means of injury 5

23. Signature John H. Stewart (M.D. or other) \_\_\_\_\_

Address Funeral Home Date closed \_\_\_\_\_

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

Duration

PHYSICIAN

Underline the cause of death should be charged statistically.

**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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.