

Registration District No. 791

Primary Registration District No.

Registrar's No. 2753

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

In this community 18 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eugene Murray

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 2 / race col

5. Color or race _____

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

6. (b) Name of husband or wife Amanda Murray

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 3 - 20 - 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months _____ Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Durham / North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name known

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

14. Maiden name _____

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

16. (a) Informant Amanda Murray

(b) Address 2827 Delmar Blvd

17. (a) Burial (b) Date thereof 3-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) MAR 27 1941 (b) J. W. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 21

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2827 Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from March 11, 1941 to March 25, 1941; that I last saw him alive on March 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with
Decompensation

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration 6 yrs.

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 Alvin E. ... (M. D. or other) _____

Address 2601 N. Whittier Date signed 3-25-41

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

Lennie Boykin
Licensed Embalmer No. 294

P. O. Address St. Louis

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, fact should be so stated above.