

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
7445 Hiawatha  
(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

3. (a) PRINT FULL NAME CARRIE LOUISE MURRAY.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Capt. George W. Murray.

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

7. Birth date of deceased January 26, 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

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

MOTHER FATHER

12. Name Albert Seiz.

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Ford

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

16. (a) Informant Gertrude L. Lang.

(b) Address 7445 Hiawatha, Richmond Heights.

17. (a) Burial (b) Date thereof 4-17-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director G.R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) APR 15 1941 (b) T. D. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7445 Hiawatha,  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th  
year 1941 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1940 to April 15, 1941, that I last saw her alive on April 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Cardiac Insufficiency

Duration 5 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral Hemorrhage  
(Include pregnancy within 3 months of death) 5 years

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

23. Signature Vernon F. Townsend (M. D. or other) \_\_\_\_\_  
Address 3101 Sullon Ave Maplewood Date signed 4-15-41

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

3101a Sutton  
HI-3250  
Hrs: - after 3 P.M.

**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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**