FILED JUN 6 1941

S. No. 2
—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19058

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1112

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

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: 1233 Belleview 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 ____ years, months or days)

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. 1233 Belleview Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 65 years.

3. (a) PRINT FULL NAME George Murray.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased March 11, 1874.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	13	____ hr. ____ min.

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

10. Usual occupation Retired Mail Carrier.

11. Industry or business Mail Carrier.

FATHER
12. Name Alexander Murray.
13. Birthplace ? (City, town, or county) Scotland. (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace ? (City, town, or county) Ireland. (State or foreign country)

16. (a) Informant Mrs. Anna Murray.
(b) Address 1233 Belleview Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-1941. (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) MAY 25 1941 (Date received local registrar) (b) R. Meyer M. Dale P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th.
year 1941 hour 3 minute 45 AM M.

21. I hereby certify that I attended the deceased from May, 1938, to 5-24, 1941;
that I last saw him alive on 5-24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis,	5-10 yrs.
Acute failure	1 wk
Due to	
Due to 93d	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Sam A. Barnett (M. D. or other) IV
Address 1200 S. Big Bend. Date signed 5-25-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sam.A.Bassett.
1200 Big Ben Road.

JUL 1 8 1941

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 3454 David C. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern Ave

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.