No. 2
4-13-40
5-17-39
I X23159

FILED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19802
Registrar's No. 4614

Registration District No. 791 Primary Registration District No. 1003

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: Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL")
(d) Street No. 4115 Pennsylvania Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME David C. Murray
3. (b) If veteran, name war no.
3. (c) Social Security No. 488-03-9980
4. Sex Males
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena Murray
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July (Month) 14 (Day) 1894 (Year)
8. AGE: Years 46 Months 10 Days 17 If less than one day hr. min.
9. Birthplace Cincinnati (City, town, or county) / Ohio (State or foreign country)
10. Usual occupation Bill Clerk
11. Industry or business Meletio Sea Food Co.
MOTHER FATHER
12. Name Eugene Murray
13. Birthplace Cincinnati (City, town, or county) / Ohio (State or foreign country)
14. Maiden name Clara Patrick
15. Birthplace Oil Springs (City, town or county) / Ky. (State or foreign country)
16. (a) Informant Lena Murray
(b) Address 4115 Pennsylvania Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director Witt Bro. & Co.
(b) Address 2929 S. Jefferson Av.
19. (a) JUN 2 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st. year 1941 hour 8 minute 15 a. M.
21. I hereby certify that I attended the deceased from May 14, 1941, to May 31, 1941; that I last saw him alive on May 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	2 hrs
Septicemia	
Due to Carbuncle of Neck	May 9 1941
Due to Diabetes Mellitus	(?)
Other conditions no (Include pregnancy within 3 months of death)	

Major findings: Of operations Carbuncle of neck
Of autopsy no

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 not to my knowledge
(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 0
23. Signature Henry P. Myers (M. D. or other) MD
Address 508 N. Grand Blvd. Date signed 6/2/41

(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 Paul A. Shanklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

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

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