

791

1003

Registration District No. _____

Primary Registration District No. _____

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:
4859 Northland Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 1819 Cora Avenue
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Maurice A. 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 widowed

6. (b) Name of husband or wife Gertrude E. Murray 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 30 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 15 hr. min.

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

10. Usual occupation Retired (Secy. Buck Stove Co)

11. Industry or business Buck Stove and Range Co.

MOTHER FATHER
12. Name Patrick A. Murray
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Byrne
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude L. Murray

(b) Address 1819 Cora Avenue

17. (a) Burial (b) Date thereof 6/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John J. Finnan

(b) Address 1519 South Grand Blvd

19. (a) JUN 12 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1941 hour 3:55 minute 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 _____

Coronary Occlusion

Due to _____

Arterio Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)
(a) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other) 3
Address Deputy Coroner Date signed 6/12/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

50
17
9

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 Thomas J. Finner

Licensed Embalmer No. 1197

P. O. Address St Louis, Mo

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.