S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9019

Registration District No. 791 | Primary Registration District No. 10 | Registrar's No. 2271

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.

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

(c) Name of hospital or institution: Homer Phillips Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 21

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

(d) Street No.: 3011 Dickson (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Joseph Murray

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Ida Murray

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: December (Month) 8 (Day) 1885 (Year)

8. AGE: Years 56 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation: Laborer

11. Industry or business: Building Work

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Ida Murray

(b) Address: 3011 Dickson St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: C W Roberts

(b) Address: 3035 Lucas ave

19. (a) MAR 12 1942 (Date received by local registrar) (b) J. T. Breuick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1942 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from February 28, 1942 to March 10, 1942 that I last saw him alive on March 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: J. W. Johnson (M. D. ~~or other~~)

Address: 2607 N. Whittier St. Date signed 3-11-42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William Claude Gulin

Licensed Embalmer No. 3459

P. O. Address 2649 Delmar

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.