

FILED MAY 19 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4156

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(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 Agnes Murrin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Separated

6. (b) Name of husband or wife Owen Murrin 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 31, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 8 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Edward Casey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Delaney

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Murrin

(b) Address 5617 Clemens Avenue

17. (a) Burial (b) Date thereof 5-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.

19. (a) J. F. Medeck (b) J. F. Medeck
(Date received local registrar's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5617 Clemens Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour 8:22 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 27, 1942 to May 9, 1942; that I last saw him alive on May 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 3 mo +
Due to Hypertensive Brain Duration 3 day
edema, bronchitis

Other conditions Toxic Psychosis Duration 2 weeks
(Include pregnancy within 3 months of death)

Major findings: Of operations none made Of autopsy none made

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 Joseph H. Waver (M. D. or other) J. H. W.
Address 1317 N. 9th Date signed 5-11-42

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *Bernard A. J. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union Blvd.*

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.