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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19857

State File No.

FILED JUL 6 1942 791

Registration District No. Primary Registration District No. 1003

Registrar's No. 5422

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Missouri (b) County St. Francois

(c) City or town Desloge NR
(If outside city or town limits, write "RURAL")

(d) Street No. ——
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William B. Murrill

3. (b) If veteran, name war no

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 Jennie Murrill

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June (Month) 31 (Day) 1857 (Year)

8. AGE: Years 84 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired coal dealer

11. Industry or business

FATHER
12. Name Thomas Murrill
13. Birthplace Kentuckey, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Racnael Williams
15. Birthplace Desloge, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Jewel Jennings
(b) Address Desloge, Missouri

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Desloge, Mo St. Francis County, Mo

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington

19. (a) JUN 24 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-19, 1942, to 6-22, 1942 that I last saw him alive on 6-22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of left leg

Due to Embolism

Due to

Other conditions (Include pregnancy within 3 months of death) NONE

Major findings:
Of operations NONE

Of autopsy NONE

Duration

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 0

23. Signature F. R. Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed 6/23/42

844 (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 Wm. H Pfitzinger, Registered Apprentice No. ....., working under my personal supervision.

Signed Wilford G Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.