

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12563

State File No.

Registrar's No.

4065

Registration District No. 1318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... S. t. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6134 Pershing 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..... 14 yrs
years, months or days)

3. (a) PRINT
FULL NAMEMYRA FIELDER MURDOCK3. (b) If veteran,
name war.....3. (c) Social Security
No.4. Sex Female
5. Color or
race White6. (a) Single, widowed, married,
2 divorced, Widow6. (b) Name of husband or wife.....
Andrew J. Murdock6. (c) Age of husband or wife if
alive..... years7. Birth date of deceased.....
1907 3 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81926

hr. min.

9. Birthplace.....
Huntsville
(City, town, or county)Alabama
(State or foreign country)10. Usual occupation.....
At Home

11. Industry or business.....

12. Name James Pollard13. Birthplace.....
Huntsville
(City, town, or county)Alabama
(State or foreign country)14. Maiden name.....
Caledonia Bibb15. Birthplace.....
Huntsville
(City, town, or county)Alabama
(State or foreign country)16. (a) Informant.....
Mrs. Susan Mabry(b) Address.....
6134 Pershing Avenue17. (a) Burial (b) Date thereof..... 5-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation.....
Calvary Cemetery18. (a) Signature of funeral director.....
Alexander + Sons(b) 6175 Delmar Blvd.19. (a) APR 30 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 6134 Pershing Avenue
(If rural, give location)
 (e) Citizen of foreign country?..... no (Yes or No)
 If yes, name country..... no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 29
year..... 1943 hour..... 7 minute..... P M.21. I hereby certify that I attended the deceased from..... Oct 4
21 to..... April 29 1943
that I last saw him alive on..... April 29 1943
and that death occurred on the date and hour stated above:

Immediate cause of death.....

Acute Pulmonary edema 3 days

Due to.....

Chronic degenerative 5 yrs
cardiopathyOther conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (c) Means of injury.....23. Signature..... J. B. Finnegan (M. D. or other).....
Address..... 539 N. Grand Date signed..... 4/29/43

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

MOTHER FATHER

Dr. Frank Jennings
539 N. Grand. N. 6585
1 to 129.7M

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 R. Fenwick*
Licensed Embalmer No. *3793*
P. O. Address *Efforus 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.