

S. No. 2
FORM-2-43
Rev. 5-17-39
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19828

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5942**

FILED JUL 8 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
3809 Lafayette Avenue
(If not in hospital or institution, write street number or location)

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

In this community 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 717

(d) Street No. 3809 Lafayette Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mrs. Ella McMurray

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John McMurray 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 22, 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-10
1943 to 6-28 1943
that I last saw him alive on 6-28 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cor. Myocarditis
Arterio-sclerosis
and Hypertension 10 yrs
Duration

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

<u>85</u>	<u>10</u>	<u>6</u>	hr. _____ min. _____
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Due to _____

Due to _____

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

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

10. Usual occupation At Home

Major findings:
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name William Hopkins

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

14. Maiden name Unknown

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

16. (a) Informant Mr. John H. McMurray

(b) Address 3809 Lafayette

17. (a) Cremation (b) Date thereof June 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 29 1943 (b) J. F. [Signature]
(Date received for registration) (Registrar's signature)

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)
(e) Means of injury _____

23. Signature E. D. [Signature] (M. D. or other)
Address 4030 Chestnut Date signed 6/30/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. E. S. Edwards
Chouteau Bldg

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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.....
Guilford

Licensed Embalmer No. *3737*

P. O. Address *1926 St. Louis Ave*

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.