

FILED JUN 25 1943 18

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(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:  
ST. MARY'S INFIRMARY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 (Specify whether  
In this community LoSe years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1507 Gendleton  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Hortense MARY McMURRAY

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

4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, 2 divorced, Widowed  
6. (b) Name of husband or wife McMURRAY 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased APRIL 2 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 2 13 hr. min.

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

10. Usual occupation House wife

11. Industry or business NONE

MOTHER FATHER  
12. Name Joseph BERRY  
13. Birthplace Mo (City, town, or county) (State or foreign country)  
14. Maiden name Josphine DeVal  
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. ALICIA A. WILSON

(b) Address 2508 Newstead

17. (a) BURIAL (b) Date thereof June 21 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director HEITMAN J. SMITH

(b) Address 42 47 W. LABADIAN

19. (a) JUN 11 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15<sup>th</sup>  
year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 6<sup>th</sup> June 1943 to June 15 1943  
that I last saw her alive on June 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOPNEUMONIA 2 days

Due to PERNICIOUS ANEMIA

Due to .....

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

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) (b) Means of injury .....

23. Signature [Signature] (M. D. or other) 6/15/43  
Address 1076 Gendleton Date signed 6/15/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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..... *Embalmer's cert filed separately.* .....

Licensed Embalmer No.....

P. O. Address.....

**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.**