

S. No. 2
M-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3665E**
Registrar's No. **9719**

FILED NOV 19 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Finlin Desloge 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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lena McMurrin
3. (b) If veteran, name war Nil
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edgar McMurrin
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 15 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER { 12. Name John Weaver
13. Birthplace Unavailable Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Phabe Sailor
15. Birthplace Unavailable Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ramsey McMurrin
(b) Address 3664 Washington Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/8/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

19. (a) NOV 5 1943 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7-19
(d) Street No. 3938 Washington Blvd., (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 4
year 1943 hour 11 minute 26 P. M.
21. I hereby certify that I attended the deceased from 11-3-43
..... 19....., to 11-4-43;
that I last saw her alive on 11-4-43 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Acute. Duration
Due to Ruptured bowel due to
Due to Passive Malignancy
Primary of the Colon
Other conditions H6
(Include pregnancy within 3 months of death)
Major findings: Gen. Peritonitis - free PHYSICIAN
Of operations pus & fecal material in abd. cav. Underline
Of autopsy..... 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) (e) Means of injury.....
23. Signature J.F. Bredeck (M. D. or other) 11/5/43
Address 4030 Chouteau Date signed 11/5/43
N.E. Hannerich

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 *By W Wilkin*
Licensed Embalmer No. *3575*

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.