S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4032

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11264

1. PLACE OF DEATH:
(a) County ~~Homer Phillips~~, H
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer Phillips 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 one Home
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town St. Louis 925
(If outside city or town limits, write "RURAL")
(d) Street No. 919 N. 13th
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Addie Murdock
3. (b) If veteran, name war no
3. (c) Social Security No. .....
4. Sex Female
5. Color or race Col
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Single
6. (b) Name of husband or ~~wife~~ Will Murdock
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)

8. AGE: abt 59 Years Months ~~17~~ Days ~~17~~ If less than one day ..... hr. ..... min.

9. Birthplace Surlock Miss (City, town, or county) (State or foreign country)
10. Usual occupation Home Work
11. Industry or business none
FATHER
12. Name Lindsey Greer
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emer Greer
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Oscar Murdock
(b) Address 1919 N. 13 St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn 12/20/43
18. (a) Signature of funeral director G. L. Adams
(b) Address 2221 Franklin
19. (a) DEC 17 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)
8 44

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 12th
year 1943 hour 4:25 minute A M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to 83a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 .....
23. Signature Alfred Ferry (M. D. or other)
Address Appleby Avenue Date signed 12/17/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

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.