

Registration District No. 19418

Primary Registration District No. 1003

Registrar's No. 3231

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grants City 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: 60 years years, months or days

3. (a) PRINT FULL NAME: Mary E. Murray

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

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

6. (b) Name of husband or wife: William H. Murray 6. (c) Age of husband or wife if alive: dead years

7. Birth date of deceased: June 16, 1866
(Month) (Day) (Year)

8. AGE: Years: 77 Months: 9 Days: 17 If less than one day: _____ hr. _____ min.

9. Birthplace: Flat River Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: none

12. Name: William Barron

13. Birthplace: Flat River Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Wentworth

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

16. (a) Informant: Mrs. Elva M. Laughlin

(b) Address: 13742 Olema

17. (a) burial (b) Date thereof: 4-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Catholic Cemetery

18. (a) Signature of funeral director: Wm. Miller

(b) Address: 5041 Belmont Blvd

19. (a) APR 6 1944 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000
(c) City or town: St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No.: 237 Spring 3rd Floor
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL HISTORY

20. DATE OF DEATH: Month: April day: 31
year: 1944 hour: 2 minute: 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: _____

Coronary Sclerosis

Due to: _____

Arteriosclerosis

Due to: _____

Other conditions: _____ (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) (e) Means of injury: _____

23. Signature: James P. Johnson (M. D. or other)

Address: 1309 Olive Date signed: 4/6/44

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

518
000
179

844

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.

Not Embalmed
Greg Mullin

.....
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, above space should be left blank.