

FILED AUG 14 1944

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 6922

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

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:
MO. BAPTIST 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 96
(c) City or town EUREKA
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) NR
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MURRAY, MARY A.

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

4. Sex FEM. 5. Color or race WH. 6. (a) Single, widowed, married, divorced WID.

6. (b) Name of husband or wife JAMES R. MURRAY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCT. 28 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace PACIFIC MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name CHARLES SHEERIN 4

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

14. Maiden name BRIDGET O'BRIEN

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

16. (a) Informant C. A. Murray

(b) Address 6751 Plainville Ave

17. (a) BURIAL (b) Date thereof 8/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 MANCHESTER

19. (a) Aug 6 1944 (Date received from Registrar) 1944 (Registrar's signature) J. F. Brudeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 4 year 1944 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 22 1944 to 8 8 1944
that I last saw h.p.r. alive on 8 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Right hemiplegia Duration 48 hours

Due to Arterial hypertension Myocardial infarction 1 yr.

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) NO

(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 T. R. Vaher (M. D. or other) M. D.
Address 2816 South Ave Date signed 8.5.44

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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 Albert J. Happie

Licensed Embalmer No. 2971

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.