

FILED JAN 16 1945

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 35

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
14 06a De Soto Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community About 25 years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Battise Murray3. (b) If veteran, name war No 3. (c) Social Security No. 500-18-91114. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Rose Murray 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased 11 26 1889
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
55 1 5 hr. _____ min.9. Birthplace Florissant Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Truck Driver

11. Industry or business _____

12. Name William Murray13. Birthplace Florissant Mo.
(City, town, or county) (State or foreign country)14. Maiden name Angeline Aubishon15. Birthplace Florissant Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Rose Murray(b) Address 1406a De Soto Ave17. (a) Burial (b) Date thereof 1 4 45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Bookash & Bookash(b) Address 2228 St. Louis Ave19. (a) JAN 5 1945 (Date received local registrar) J. F. Brasch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1406a De Soto Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1
year 1945 hour 3 minute 20 a.m.21. I hereby certify that I attended the deceased from
Nov. 20, 1944, to Jan. 1, 1945
that I last saw him alive on Dec. 31, 1944
and that death occurred on the date and hour stated above.Immediate cause of death phthisis pulmonalis
Duration prob.?Due to 1/3
Due to _____Other conditions H. was in Mt. St. Rose
(Include pregnancy within 3 months of death)
ew 1943 to 1944Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 Arthur D. ... (M. D. or other) M.D.Address 220 2 University St. Date signed 1/3/45

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 Maria R. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis Mo

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.