V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15427

Primary Registration District No. 1003

Registrar's No. 4416

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Madison 62

(c) City or town: Fredericktown (If outside city or town limits, write "RURAL") / NR

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: James Edward Murray

3. (b) If veteran, name war: Nil

3. (c) Social Security No.: Unknown

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: October (Month) 30 (Day) 1876 (Year)

8. AGE: Years 68 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace: Jackson (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Hotel Manager

11. Industry or business:

MOTHER FATHER

12. Name: James B. Murray

13. Birthplace: Younts (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Mary E. Womack

15. Birthplace: Silver Lake (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Jesse E. Murray

(b) Address: 6600 Winnebago St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Younts, Missouri

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) MAY 18 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1945 hour 5:35 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1945, to May 15, 1945; that I last saw him alive on May 15, 1945, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	10 days
Due to: Arterio sclerosis	several yrs
Due to:	
Other conditions: Uremia (Include pregnancy within 3 months of death)	unknown

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: E. Breckenridge M.D. (M. D. or other)

Address: St Louis Mo Date signed 5-18-45

(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 John Ogonoski

Licensed Embalmer No. 3398

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.