

FILED JUN 19 1945

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **4961**

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:
5125 Lotus Ave.
(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 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 800
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (d) Street No. 5125 Lotus Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mollie Murray
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 6th., 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 2nd., year 1945 hour 4 minute P. M.
 21. I hereby certify that I attended the deceased from April 1st, 1945, to June 2, 1945, that I last saw her alive on June 2, 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death: Myocarditis (acute) 2 months
Nephritis Chronic 2 yrs.
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Ill.
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

MOTHER FATHER
 11. Industry or business _____
 12. Name Peter Murray
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Mary McLean
 15. Birthplace Ireland 11
(City, town, or county) (State or foreign country)

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

16. (a) Informant Kate Murray
 (b) Address 5125 Lotus Ave.
 17. (a) Burial (b) Date thereof 6-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cathary

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.
 19. (a) JUN 4 1945 (b) J. F. Blaneck
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Blaneck (M. D. or other) _____
 Address 3522 Washington Date signed 6/4/45

