V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1945

State File No. 35670

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9836

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Pronounced dead at Homer Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 months
years, months or days)

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. 3612 DELOR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY ANN MURRY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race Col

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

6. (b) Name of husband or wife Willie

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept (Month) 24 (Day) 1920 (Year)

8. AGE: Years 25 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Demoplis (City, town, or county) Ala (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name James Cunningham
13. Birthplace (City, town, or county) Ala (State or foreign country)

MOTHER
14. Maiden name Lula Carson
15. Birthplace (City, town, or county) Ala (State or foreign country)

16. (a) Informant Lula Cunningham
(b) Address Parkin Ark Box 227

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof NOV. 15-45 (Month) (Day) (Year)
(c) Place: burial or cremation WYNN ARK

18. (a) Signature of funeral director J. Watson
(b) Address 2769 Chouteau Ave

19. (a) NOV 14 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1945 hour 9 minute 30 A.M.

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

Immediate cause of death Gangrene Small Intestine Acute Mesenteric Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E Taylor (M. D. or other)
Address Dy Cox Date signed 11/14/45

(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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chanteuse

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.