

S. No. 2  
M. 5-17-39  
I X36671

FILED MAY 31 1946

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
3017 REAR RUTGER  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 YRS (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 3017 REAR RUTBERG  
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME SARAH MURDOCK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4  
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/11/46 to 5/4/46  
that I last saw hw alive on 5/4 1946  
and that death occurred on the date and hour stated above.

4. Sex 7 FEMALE 5. Color or race COL

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

6. (b) Name of husband or wife ROBT. MURDOCK 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 12 - 30 - 1891  
(Month) (Day) (Year)

Immediate cause of death acute myocarditis Duration 1 wk

8. AGE: Years 55 Months 4 Days 4 If less than one day hr. min.

Due to Chronic interstitial nephritis Duration 17 mo.

9. Birthplace MARIONA ARK  
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTICS

11. Industry or business HOUSE WIFE

12. Name EDMAN COLEMAN

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

14. Maiden name PITTIES FOSTER

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

16. (a) Informant Queen City Abslon

(b) Address 3017 R. Rutger St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof may 30 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cemetery

18. (a) Signature of funeral director A. H. Burdick

(b) Address 219 Lafayette

19. (a) MAY 11 1946 (Date received local registrar) (b) J. F. Budnick (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN 1/21

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. R. Wentzel MD (M.D. or other) \_\_\_\_\_  
Address 2726 Chestnut Date signed 3/6 46

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

MOTHER FATHER



THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *Missouri*  
Registrar's No. *4258*

Registration District No. *318*

Primary Registration District No. *1003*

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:  
(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)

3. (a) PRINT FULL NAME *Sarah mudlock*

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

4. Sex *F* 5. Color or race *B* 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased *see 3e* (Month) (Day) (Year)

8. AGE: Years *55* Months *4* Days *5* If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) *Ark*

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name.....  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) *May-11-1946* (Date received local registrar) A *J. F. Bredeek* (Registrar's signature) *MAY 23 1946*

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* year *1946* hour *12* minute *00* M.

21. I hereby certify that I attended the deceased from *1946* to *1946*, that I last saw him *alive* on *May 11 1946* and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

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).....

(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..... (M. D. or other)

Address..... Date signed.....

18747