

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

18749

FILED MAY 17 1946
Registration District No. 318

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1003

Registrar's No.

4277

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Florence Murrell

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

4. Sex F 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Benton Murrell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 10 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 22 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Fort St. Clair

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

14. Maiden name Liddle

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

16. (a) Informant Van Swink

(b) Address 2635 Spruce

17. (a) Burial (b) Date thereof May 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Gredek

(b) Address 2915 Leach

19. (a) MAY 12 1946 (b) J. F. Gredek
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2635 Spruce St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1946 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from 3-29, 1946 to 5-8, 1946,
that I last saw her alive on 5-8, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk

Due to _____

Due to _____

Other conditions Hemiplegia, left (old) Unk
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 Devin J. Ayer (M. D. or other) 5/9/46

Address 2602 N Whittier Date signed _____

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

MOTHER FATHER

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

W. C. Green

Licensed Embalmer No.

2963

P. O. Address

7915 Franklin av

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.