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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11321

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3124

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: 3129a Keokuk St., (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. 3129a Keokuk St., (If rural, give location) N/9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Andrew J. Murray,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male, 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single, 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 25, (Day) 1881 (Year)

8. AGE: Years 65 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Potosi, (City, town, or county) Missouri, 0 (State or foreign country)

10. Usual occupation Retired 1 Year,

11. Industry or business City Employee,

FATHER
12. Name Hugh Murray,
13. Birthplace (City, town, or county) Ireland, 7 (State or foreign country)

MOTHER
14. Maiden name Mary Moloney,
15. Birthplace (City, town, or county) Connecticut, (State or foreign country)

16. (a) Informant Nora. M. Peeler,
(b) Address 3129a Keokuk St.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 3/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) MAR 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1947 hour 9: minute 30 A.M.

21. I hereby certify that I attended the deceased from August 9, 1946 to March 22, 1947 that I last saw him alive on March 22, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left bronchus

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 0

23. Signature B. J. McGinnis (M. D. or other)

Address 3608 S. Grand Date signed

(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 me, Registered Apprentice No. , working under my personal supervision.

Signed Loren E. Percy

Licensed Embalmer No.

P. O. Address 2842 Meramec St., St. Louis, 18, Mo.

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.