S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22528

Registrar's No. 5981

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
Christian Hospital 0
(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)

Ronald James Murray

3. (a) PRINT FULL NAME ~~James Ronald 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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased June (Month) 18 (Day) 1947 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 4 hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name George E. Murray. Jr. 0
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nettie Lorine Adams.
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant George E. Murray.
(b) Address 332 Thatcher, Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June (Month) 21 (Day) 1947 (Year)
(c) Place: burial or cremation nFriedens. Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair, Ave

19. (a) JUN 20 1947 (Date received local registrar) (b) J. Breded (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ow

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

(d) Street No. 332 Thatcher 9
(If rural, give location)

8

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

If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1947 hour 3:50 minute P M.

21. I hereby certify that I attended the deceased from June 19-47 at 10 am + at 3 PM, 19..., to 6/19/47, 19...;
that I last saw him alive on June 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis both lungs - Congenital	Life
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cardiac Hypertrophy	

95c

Major findings:
Of operations .....
Of autopsy As above stated —

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 Adrian Bleyer (M. D. or other) MD
Address 607 N. Grand Blvd Date signed 6/20/47

(Licensed Embalmer's Statement on Reverse Side) ADRIAN BLEYER

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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 22528-47

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5981

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Ronald James Murray, ~~born~~ died 6-19-47, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Ronald James Murray
Instead of James Ronald "
Item No. 12 should read George E. Murray, Jr.
Instead of " "
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant George E Murray Jr
Relationship.

332 Thatcher Ave, St Louis, Mo
Present Address.

Subscribed and sworn to before me this 16 day of September, 194 8

My Commission expires 3-4-49

Earl Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817