V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 8 1947

Registration District No. #23186 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25879

Registrar's No. 7120

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 107 N. 6th St., 9
(If rural, give location) 25 6

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

If yes, name country

3. (a) PRINT FULL NAME JOHN MURRAY

3. (b) If veteran, name war OAA

3. (c) Social Security No. OAA

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 November 14th, ?
(Month) (Day) (Year)

8. AGE: abt Years 84 Months Days If less than one day hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation OAA

11. Industry or business

FATHER
12. Name Thomas Murray
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Unknown 1
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant M.Renard
(b) Address St.Louis City Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board St Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutgers

19. (a) JUL 31 1947 (Date received local registrar) (b) J. F. Brickell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1947 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from 6/11/47
, 19, to July 16th, 1947;
that I last saw him alive on July 16th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pernicious anemia	?
Due to arteriosclerosis	?
Due to generalized	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 K. D. Gregory (M. D. or other)

Address 1515 Lafayette Date signed 7/16/47

Jefferson City Printing Co.

(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 Tom Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis

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.