S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32847

FILED OCT 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8904

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

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: Enrout City Hospital # 1 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 11 Yrs o Mons 14 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2215 Warren St.
(If rural, give location)

20

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

If yes, name country

3. (a) PRINT FULL NAME Robert Murray

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 9

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 7 (Day) 1936 (Year)

8. AGE: Years 11 Months 0 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name John Joseph Murray
13. Birthplace Salt Lake City, (City, town, or county) Utah (State or foreign country)

MOTHER
14. Maiden name Nellie Doebert
15. Birthplace Valles Mines (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Nellie Murray
(b) Address 2215 Warren St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address SEP 2228 St. Louis Ave.

19. (a) SEP 23 1947 (Date received local registrar) (b) J. F. Brescek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21 year 1947 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchi Pneumonia

Due to Hydrocephalus

Due to Pendent

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 3

23. Signature Alfred J Perry DDS (M. D. or other)

Address Deputy Coroner Date signed 9-23-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry A. Brammer

Licensed Embalmer No. 4200

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.