S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43353

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11880

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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether
In this community 40 YEARS
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. 3527 NEBRASKA 9
(If rural, give location)
24 Memorial 0
Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM MURRAY
3. (b) If veteran, name war —
3. (c) Social Security No. 488-09-6487
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNIE BEAL MURRAY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 25 (Day) 1878 (Year)

8. AGE: Years 69 Months 7 Days 2 If less than one day hr. min.

9. Birthplace BONNE TERRE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation MAINTENANCE MAN
11. Industry or business BANK
FATHER
12. Name WILLIAM MURRAY 0
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name SARAH EDWARDS
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS ANNIE MURRAY
(b) Address 3527 NEBRASKA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEW CEM.
18. (a) Signature of funeral director BEIDERWIEDEN FUN. HOME
(b) Address 1936 ST. LOUIS AVE
19. (a) DEC 29 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1947 hour 1 minute 15 P M.
21. I hereby certify that I attended the deceased from 12/8/47
, 19, to Dec. 27th 1947;
that I last saw him alive on Dec. 27th 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis (and)	
Liver abscess	
Chole lithiasis	
Due to Bile peritonitis	
Uremia	
Due to Bacteriemia	
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) 0
While at work? (e) Means of injury
23. Signature John R. Langher MD (M. D. or other)
Address 1515 Lafayette 12/29/47 Date signed

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 Neal C Carlson

Licensed Embalmer No. 4114

P. O. Address 1936 W Grand Ave

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.