S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43662

FILED DEC 31 1947

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2679

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 min. (Specify whether

In this community 62 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis Co. 96

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Conway + Lindbergh (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Arthur Murray

3. (b) If veteran, name war No

3. (c) Social Security No. 496-28-6008

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 ~~Sept~~ 10 (Month) ~~[illegible]~~ 17 (Day) 1885 (Year)

8. AGE: Years 62 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Waiter

11. Industry or business Doc + Ann's Restaurant

FATHER
12. Name Hugh Murray 4
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth Halley 4
15. Birthplace Edinburgh, (City, town, or county) Scotland (State or foreign country) 4

16. (a) Informant Thomas Murray

(b) Address 7800 Kenrick Rd., Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/47 (Month) (Day) (Year)

(c) Place: burial or cremation Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Baldwin Mo.

19. (a) 12-26-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) NSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1947 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec. 25 1947 to Dec. 26, 1947 that I last saw him alive on Dec. 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Compound fracture of the pelvis and

Due to multiple lacerations of left leg.

Other conditions (Include pregnancy within 3 months of death) 170 C

Major findings: Of operations 0

Of autopsy as above

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 96

(a) Accident, suicide, or homicide (specify)

Date of occurrence 12/25/47

(c) Where did injury occur? Lindbergh + Conway (City or town) St. Louis (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place) struck by automobile

While at work? (e) Means of injury

23. Signature Wilson G. Brown (M. D. ~~or other~~) 0

Address 601 Brentwood Blvd Date signed 12-26-47

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 Richard M. Bopp, Registered Apprentice No. 23, working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Bucksport, Me

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.