

No. 2  
-5-43  
5-17-39  
I X36671

FILED MAR 15 1948

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2329**

**1. PLACE OF DEATH:**  
 (a) County ST. LOUIS  
 (b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
HOMER G. PHILLIPS O  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 27 YEARS  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County 000  
 (c) City or town ST LOUIS 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2203 SPRUCE 9  
(If rural, give location)  
22  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Elvira Wilson Murrell  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_  
**4. Sex** FEMALE **5. Color or race** COL  
**6. (a) Single, widowed, married, divorced** WIDOW  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if**  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** MAY 15 1890  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION:**  
**20. DATE OF DEATH:** Month MAR day 5  
 year 1948 hour 12 minute 10-6 M.  
**21. I hereby certify that I attended the deceased from** 17 July  
1948 to 5 week 1948  
 that I last saw her alive on 4 week 1948  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 57 Months 9 Days 20  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death congestive heart failure 3 week  
 Due to Hypertensive cardio-vascular disease under  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 9/2  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**9. Birthplace** Memphis Tenn.  
(City, town or county) (State or foreign country)  
**10. Usual occupation** HOUSE WORK

**11. Industry or business** \_\_\_\_\_  
**12. Name** JAMES Muddy  
**13. Birthplace** ARK.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** FLIBETH JONES  
**15. Birthplace** MISS.  
(City, town, or county) (State or foreign country)

**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** ALEXANDER WILSON  
**(b) Address** 2203 SPRUCE  
**17. (a) BURIAL** GREENWOOD CEM **(b) Date thereof** MAR 9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** GREENWOOD CEM  
**18. (a) Signature of funeral director** F. A. GREEN  
**(b) Address** 42487 DEL MAR BLVD  
**19. (a) MAR 8 1948** **(b) J. F. Br...**  
(Date received local registrar) (Registrar's signature)

**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?** \_\_\_\_\_  
 While at work? \_\_\_\_\_ **(e) Means of injury** 0  
**23. Signature** M. A. W... **(M. D. or other)** MD.  
**Address** 3524 Franklin **Date signed** 3-8-48

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

MOTHER FATHER

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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

*G. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 DELMAR BLVD.*

**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.**