

No. 2  
2-45  
17-39  
K4707

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20541

Registration District No. 310 Primary Registration District No. 3058 State File No. \_\_\_\_\_  
Registrar's No. 123

1. PLACE OF DEATH:  
(a) County St Charles  
(b) City or town St Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
314 Perry St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years  
years, months or days

3. (a) PRINT FULL NAME Ida Muraty  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 14 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House keeper

11. Industry or business Home

12. Name Charles Dixon

13. Birthplace St Charles Co  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bass

15. Birthplace St Charles Co  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carl Kohlepp

(b) Address 315 Perry St St Charles Mo

17. (a) Burial (b) Date thereof June 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Washburn

(b) Address St Charles Mo

19. (a) 7/6/48 (b) Francis H. Bond  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St Charles  
(c) City or town St Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 314 Perry  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 22  
year 1948 hour 12 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 3-10-47  
\_\_\_\_\_, 19\_\_\_\_, to 6-22, 1948  
that I last saw her alive on 6-22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
Due to Hypertension  
Generalized Arteriosclerosis  
Duration 36 hrs.  
3 yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
830

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature W. J. Jones (M. D. or other) MD  
Address 114 N. Main St. Charles Date signed 6-23-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed JUL 14 1948

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..... *Arthur C. Bane* .....

Licensed Embalmer No. *3145* .....

P. O. Address..... *A.C. Bane M.D.* .....

**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.