

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25583**

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 363 Registrar's No. 2777

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <i>400, 2e</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> <i>4442</i>	
c. LENGTH OF STAY (In this place) <u>454 days</u>		d. STREET ADDRESS (If rural, give location) <u># 19 Brighton Way</u> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u># 19 Brighton Way</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolor</u> b. (Middle) <u>P.</u> c. (Last) <u>Murray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1951</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 7, 1899</u>		9. AGE (In years last birthday) <u>61</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 28 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dept. Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Aluminum Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Matthew Murray</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McGaffigan</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Murray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>188-10-0621</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bernice Murray # 19 Brighton Way</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u> <u>2 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 3, 1949, to July 26, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 6:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B. Bay M.D.</u>		(Degree or title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>7.26.51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-27-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Tomke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Dorelly</u>		ADDRESS <u>3840 Kessler</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. B. Day
3720 Washington (NW)
1.30 to 3 P.M.

St Louis County

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 46199

P. O. Address St. Charles, Mo.

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.