

FILED NOV 24 1951
 XC 15 841 283
 REG. # 93117

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40269

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3556

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4000</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2199</u>	
c. LENGTH OF STAY (in this place) <u>203</u>		d. STREET ADDRESS (If rural, give location) <u>4186 DELMAR BOULEVARD</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALONZO</u>	b. (Middle) <u>J.</u>	c. (Last) <u>McMURRAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 29, 1951</u>
---	-----------------------	---------------------------	--

5. SEX <u>MALE</u> <u>2</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> <u>0</u>	8. DATE OF BIRTH <u>1-22-93</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------------------	----------------------------------	--	------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DENTIST</u>	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>WILLIAM McMURRAY</u>	13b. MOTHER'S MAIDEN NAME <u>PHILOMENA BANKS</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW-I</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF BRKS, MO.</u>	ADDRESS
---	--	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF PROSTATE WITH METASTASES</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>177X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u> m.	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 4-9-51, to 10-29-51, ~~and that death occurred on the date stated above.~~ and that death occurred at 8:45p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E.C.O'BRIEN</u> M.D.	23b. ADDRESS <u>VET ADM HOSP, JEFF BRKS, MO.</u>	23c. DATE SIGNED <u>10-30-51</u>
---	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>	24b. DATE <u>11/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JEFF BRKS, MO.</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG <u>11-1-51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTS FUNERAL HOME, St. Louis, Mo</u>	ADDRESS
---	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Hulston E. Cullkin

Signed.....
Student Embalmer

Licensed Embalmer No. 498

P. O. Address St. Louis 132

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.