

No. 300
10.48

DEC 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40281
Registrar's No. 3698

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lemay, Mo.</i>		b. COUNTY _____	
c. LENGTH OF STAY (in this place) <i>14 Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mt. Sant Rose Sanitarium</i>		d. STREET ADDRESS (If rural, give location) <i>6750 Idaho</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Marie</i> b. (Middle) _____ c. (Last) <i>Murray</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 15, 1951</i>
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Apr. 21, 1905</i>
9. AGE (In years last birthday) <i>46</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>St. Louis Wholesale</i>	11. BIRTHPLACE (State or foreign country) <i>Tennessee</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>St. Louis Wholesale</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Drug Co.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Will Murray</i>		13b. MOTHER'S MAIDEN NAME <i>Lula E. Pemberton</i>	14. NAME OF HUSBAND OR WIFE <i>NONE</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <i>UNK</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. H. Hudson 6750 Idaho</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>terminal pulmonary tuberculosis</i> - ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) <i>0024</i>	
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 <i>Sept 19 50</i> , to <i>present</i> , that I last saw the deceased alive on <i>11/14</i> , 1951, and that death occurred at <i>12:10a</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>William A. ...</i>		23b. ADDRESS <i>16 Hampton Valley Circle</i>	23c. DATE SIGNED <i>11/5/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>11-16-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>East View Cem. (Motor)</i>	24d. LOCATION (City, town, or county) (State) <i>Union City, Tenn.</i>
DATE REC'D BY LOCAL REG. <i>11-15-51</i>	REGISTRAR'S SIGNATURE <i>Robert P. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Southern Funeral Home 322 S. Grand Blvd.</i>	

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

DR. Wm. Werner
16 Hampton Village
1 to 3 P.M.

then County Vital Statistics

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David Van Fossen

Licensed Embalmer No. 72829

P. O. Address 6322 So. Grand

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.