

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10368**  
Registrar's No. **1913**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>4372 West Pine Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4372 West Pine Blvd.</b>		e. STREET ADDRESS <b>4372 West Pine Blvd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Emmet</b> c. (Last) <b>Murnahan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 28, 1952</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>July 15, 1890</b>
9. AGE (In years last birthday) <b>61</b>		10. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Months <b>7</b> Days <b>13</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Cigar Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Bernard Murnahan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary O'Neil</b>	
14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes World War # I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Jean Murnahan, 4372 West Pine Blvd.</b>	
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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) <b>Arterio Sclerotic</b> ANTECEDENT CAUSES <b>Hypertensive Cardiac Disease</b> Morbidity 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 <b>Diabetes Mellitus</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Gastric Ulcer</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs</b>
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) <b>no</b>	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) <b>no</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443X</b>

22. I hereby certify that I attended the deceased from **11-1-1945**, to **2-28-1952**, that I last saw the deceased alive on **2-27-1952**, and that death occurred at **2:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Raymond M. [Signature]</b>	(Degree or title)	23b. ADDRESS <b>4390 West Pine Blvd.</b>	23c. DATE SIGNED <b>2/28/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 29, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>FEB 28 1952</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>3840 Lindell Blvd.</b>
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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm S. Saper

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.