

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26571
 Registrar's No. 1856

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1856</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis 3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>DOA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>710 Military Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Murray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 25, 1893</u>	9. AGE (In years last birthday) <u>59</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Koch Hospital</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) (If yes, state year or dates of service) <u>es. WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Murray, 710 Military Rd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> <u>yes.</u> <u>yes.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>447X</u>				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 <u>June 10, 1951</u> , to <u>July 1952</u> , that I last saw the deceased alive on <u>April 1952</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bernard Hullett, MD</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>July 6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Great Springs, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>7-7-52</u>		REGISTRAR'S SIGNATURE <u>Albert R. Domke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Heine* _____

Licensed Embalmer No. *4158* _____

P. O. Address *St. Louis, 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.