

THE UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

FILED SEP 8 - 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8180

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2059	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospt		d. STREET ADDRESS (If rural, give location) 5 5931 Bartmer Ave	
3. NAME OF DECEASED a. (First) Michael (Type or Print)		b. (Middle) A c. (Last) Murray	
4. DATE OF DEATH Aug 28 1952		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 26 1898		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Probate Officer		10b. KIND OF BUSINESS OR INDUSTRY Courts	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Michael Murray		13b. MOTHER'S MAIDEN NAME Anna Mahoney	
14. NAME OF HUSBAND OR WIFE Elizabeth Murray		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY 492-20-8909		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Murray	
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.		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Thromboses of Left Common Carotid artery		DUE TO (b) arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	
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)	
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? 454X		22. I hereby certify that I attended the deceased from Feb 4, 1952 to 8/28, 1952, that I last saw the deceased alive on 8/28, 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.	
23a. SIGNATURE Robert Potashnick M.D.		23b. ADDRESS 1508 N. Grand	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug 30 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	
25. ADDRESS 1125 Hodiamont Ave		DATE REC'D BY LOCAL REG. AUG 29 1952	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. ADDRESS 1125 Hodiamont Ave	

Dr. Robert Potasnick
508 N Grand
No 9695

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 Alfred J. Boedeker
Licensed Embalmer No. 2663

P. O. Address 1125 Hedinger

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.