

**STANDARD CERTIFICATE OF DEATH**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

State File No. **3545**  
**0522**

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0522</b>												
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5138 Raymond Ave.</b>														
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Marie</b>			b. (Middle) <b>J.</b>			c. (Last) <b>Murnane</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15, 1953</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>May 18, 1880</b>			9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		IF UNDER 1 MIN. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>				12. CITIZEN OF WHAT COUNTRY?						
13a. FATHER'S NAME <b>Daniel J. Daly</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Daly</b>				14. NAME OF HUSBAND OR WIFE <b>Michael C. Murnane (decd)</b>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Miss Virginia Murnane</b>				ADDRESS <b>5138 Raymond</b>						
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>Cardiac failure</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 year - 2</b>						
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Cor pulmonale</b> DUE TO (c) <b>Chronic Bronchiectasis</b>								many years						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Recurrent pulmonary infections.</b>														
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>526X</b>								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) (Min.)				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>July</u> , 19 <u>50</u> , to <u>Jan 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 14</u> , 19 <u>53</u> , and that death occurred at <u>12:05 AM.</u> , from the causes and on the date stated above.																		
23a. SIGNATURE <b>William K. Truesdel</b>						23b. ADDRESS <b>18 South Kingshighway</b>						23c. DATE SIGNED <b>1-16-53</b>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>1-17-1953</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 REGISTRAR'S SIGNATURE <b>J. C. Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Cullinane Bros.</b>								ADDRESS <b>3320 N. Kingshighway</b>						

WRITE PLAINLY—USING UNFAADING 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.....

*Fred Frick*

Signed.....

Student Embalmer

Licensed Embalmer No..... 3186

P. O. Address..... St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.