

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37457
10169

State File No.

Registrar's No.

FILED OCT 30 1953

318

1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS 4577 Gibson Ave.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1953	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Edward c. (Last) Murray		4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1953		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Sept. 18, 1871	
9. AGE (In years last birthday) 82		10. # UNDER 1 YEAR 1		11. # UNDER 2 HRS. 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plumber		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Edward J. Murray		13b. MOTHER'S MAIDEN NAME Finnegan	
14. NAME OF HUSBAND OR WIFE Margaret E. 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 NO. None	
17. INFORMANT'S SIGNATURE OR NAME William J. Murray		18. ADDRESS 4577 Gibson Ave.		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, asthenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION ① Atherosclerotic cardiac vascular ② Terminal Bronchopneumonia Carcinoma stomach		INTERVAL BETWEEN ONSET AND DEATH 7 yrs. 4 1/2 hrs. Cause not stated.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 10/2/53		19b. MAJOR FINDINGS OF OPERATION Partial resection of stomach for polypoid carcinoma stomach	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 151X		22. I hereby certify that I attended the deceased from 9-11 1953, to 10-24 1953, that I last saw the deceased alive on 10-24 1953, and that death occurred at 11P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Hammond M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 10/26/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-27-53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		DATE REC'D BY LOCAL REG. OCT 26 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.	
FURNERARY DIRECTOR'S SIGNATURE W. J. Smith		ADDRESS 1225 Union		(Licensed Embalmer's Statement on Reverse Side)	

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
Signature of Student Embalmer

Signed *J. W. M. Bentley*

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.