

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17252

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1007 Registrar's No. 4307

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) ST. LOUIS Mo		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION. MARIAN HOSPITAL			e. STREET ADDRESS (If rural, give location) 930 MORRISON 2227		

3. NAME OF DECEASED (Type or Print) MICHAEL J. MURRAY			4. DATE OF DEATH (Month) (Day) (Year) MAY 12 1954		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH FEB. 2 1885	9. AGE (In years last birthday) 69	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDANT	10b. KIND OF BUSINESS OR INDUSTRY CITY HOSPITAL	11. BIRTHPLACE (City and State or Foreign Country) OHIO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOSEPH MURRAY	13b. MOTHER'S MAIDEN NAME Genevieve DOUB	14. NAME OF HUSBAND OR WIFE MAY MURRAY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANTHONY MURRAY 2743 ALLEN
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 sec
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. Acute nephritis		3	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 490X
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22. I hereby certify that I attended the deceased from May 7, 1954, to May 11, 1954, that I last saw the deceased alive on May 11, 1954, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. G. Moore M.D.	(Degree or title)	23b. ADDRESS 917 - Duik	23c. DATE SIGNED 5-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY 14 1954	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
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DATE REC'D BY LOCAL REG. MAY 13 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Harris
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(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 *Sam C Hill*.....
Licensed Embalmer No. *434*

P. O. Address *2906*.....

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.