

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28896

FILED SEP 6 1956

State File No.

318

1003

7100

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis - Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 2709a. Thomas b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2709a. Thomas St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2709a Thomas St.				d. STREET ADDRESS 2709a. Thomas St.			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle)		c. (Last) Murry		4. DATE OF DEATH (Month) (Day) (Year) 7 28 56	
5. SEX Male		6. COLOR OR RACE colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-4-1884	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Palestine Ark.	
12. CITIZEN OF WHAT COUNTRY? unknown							
13a. FATHER'S NAME Henry Hamilton Murry		13b. MOTHER'S MAIDEN NAME Melesie Greenlow		14. NAME OF HUSBAND OR WIFE Dallas Murry (Wife)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 490-03-0900		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dallas Murry 2709a, Thomas St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease Generalized Arterio sclerosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420-0				20. AUTOPSY? YES <input 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:44 A m., from the causes and on the date stated above.							
23a. SIGNATURE James M Kelly Deputy Registrar				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-I-56		24c. NAME OF CEMETERY OR CREMATORY Father Dickson		24d. LOCATION (City, town, or county) (State) 408 Filmore St. Louis Mo	
DATE REC'D BY LOCAL REG. JUL 31 1956		REGISTRAR'S SIGNATURE J. Kelly		25. FUNERAL DIRECTOR'S SIGNATURE J. Mathis		ADDRESS 2750 Thome	

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

AUG 1 1962

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

Leroy W. Lannister

Licensed Embalmer No. *2,616*

P. O. Address. *# 4523*

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.