

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26404

STATE FILE NUMBER

FILED JUL 31 1957

318

1003

Registrator's No. 6761

Registration District No. Primary Registration District No. 1003

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|--|--|--|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | | d. STREET ADDRESS 3837 Maffitt | |

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|---|---------------------------|---|---|---|---|-------------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last Willie Murray | | | 4. DATE OF DEATH Month Day Year 7 16 57 | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH AUG 5, 1892 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab DRIVER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) TENN | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME NATHAN MURRAY | | | 14. MOTHER'S MAIDEN NAME GEORGIE | | | |
| 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. - | | 17. INFORMANT PAULINE MURRAY Address 3837 Maffitt | | |

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|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Passive Congestion of Lung - Arteriosclerosis, Generalized | | INTERVAL BETWEEN ONSET AND DEATH undet. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Passive Congestion of Lung - Arteriosclerosis, Generalized | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

| | | |
|---|--|--------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |

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|--|--------------------------------------|-----------------------------|
| 21. I attended the deceased from 7-15-57 1:30P. to 7-16-57 and last saw him alive on 7-16-57 Death occurred at 11:00 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) Hough Waters, M.D. | 22b. ADDRESS 2601 Whittier Street | 22c. DATE SIGNED 7-18-57 |

| | | | |
|---|---|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal July 22/57 | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | 23d. LOCATION (City, town, or county) (State) St. Louis, MO |
| 24. FUNERAL DIRECTOR F. A. Green 4214 Johnson | 25. DATE RECD. BY LOCAL REG. JUL 19 57 | 26. REGISTRAR'S SIGNATURE J. Carl Smith MO M.F.B. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *F. A. Green*.....

Licensed Embalmer No. *29*.....

P. O. Address *4714 Del*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.