

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42394**

FILED DEC 10 1957

318

1003

Registrar's No. **11120**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11120</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>285</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>01 1438a N. 14th St.</b>				d. STREET ADDRESS (If rural, give location) <b>1438, N. 14th.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harrison</b>			b. (Middle) <b>Murray</b>			c. (Last) <b>Murray</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>11 19 1883</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colard</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. BATE OF BIRTH <b>11 29 1883</b>		9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Louisiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Carter Murray</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>499 01 6607</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Solomon Murray, 754 Bayard</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Arteriosclerotic Heart Disease</b> <b>Generalized Arteriosclerosis</b>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES <b>Generalized Arteriosclerosis</b> Morbidity 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. <b>420-0</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (m.)	
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 <b>19</b> , to <b>19</b> , that I last saw the deceased <b>alias on</b> , <b>19</b> and that death occurred at <b>9:20 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>11/20/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11, 25, 57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>3900 Mt. Olive Mo.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 20 57</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>P. Watkins 2700 Thomas St St Louis 6 Mo.</b>			

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 .....

Student Embalmer

Signed

*Leroy W. Dammister*

Licensed Embalmer No.

*4523*

P. O. Address

*4251 Washington*

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.