

THE DIVISION OF HEALTH AND WELFARE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038057

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9800

300
1-57

3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (if outside, give location) 421 North Broadway	
Length of stay in lb 257		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles N. Murray Jr.			4. DATE OF DEATH Month Day Year October 1, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH January 21, 1917
9. AGE (In years last birthday) 41	10. FUNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state or country) Haverill, Massachusetts	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Repair Man		10b. KIND OF BUSINESS OR INDUSTRY TV & Radio Service	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles N. Murray Sr.		13b. MOTHER'S MAIDEN NAME Alpha Baxter	14. NAME OF HUSBAND OR WIFE Unavailable
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.N. II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Charles N. Murray, Sr., 119 Hyde Park Ave., Address
18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of head</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Self inflicted at St Regis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>E976+</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Shot, 421 No Broadway on</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 10 1 58 p.m. October 1st, 1958.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, post office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION St Louis Mo		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>James M Kelly</i> (Occupation or title) <i>Deputy Coroner</i>	
22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>10-14-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-15-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	23d. LOCATION (City, town, or country) (State) <i>Jefferson Barracks, Missouri.</i>
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. <i>OCT 14 58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>m. J. B.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *G. W. Wilkinson*

Licensed Embalmer No. *3571*

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.