

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4726 STATE FILE NUMBER

**FILED JUN 2 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>4611 LOUGHBOROUGH</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>CATHERINE B MURRAY</u>			4. DATE OF DEATH Month Day Year <u>MAY 16 1961</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 12. 1888</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS ST. ANNS NURSING HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MISSOURI U-S-A</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>JAMES J FORBES</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE WALSH</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN MURRAY (DECD)</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO

17. INFORMANT Address  
JOHN MURRAY 4611 LOUGHBOROUGH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

O.K.  
IMMEDIATE CAUSE (a) Cerebral arteriosclerosis

Due TO (b) 334 x F

Due TO (c)

INTERVAL BETWEEN ONSET AND DEATH 7 1/2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
5-20-61 fracture right hip

PART III. If deceased was female was there a pregnancy in last 90 days?  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
PT fell at home

20c. TIME OF INJURY  
Hour 12:31 a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
at home

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
at home

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
St Louis MO

21. I attended the deceased from 1955 to 1961 and last saw her/him alive on 5-16-61  
Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
John J. Only M.D.

22b. ADDRESS  
5203 Cheppier

22c. DATE SIGNED  
5-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

23b. DATE  
MAY 19 1961

23c. NAME OF CEMETERY OR CREMATORY  
CALVARY CEM

23d. LOCATION (City, town, or county) (State)  
ST. LOUIS MO

24. FUNERAL DIRECTOR ADDRESS  
Thomas Hutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.  
MAY 18 1961

26. REGISTRAR'S SIGNATURE  
Loan Smith. M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Samuel C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Lane

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.

1-20-33  
Hester