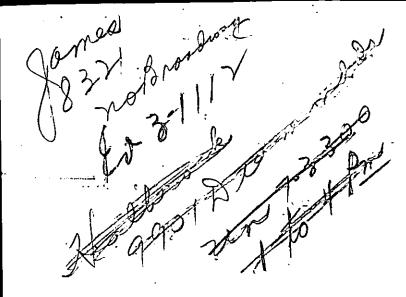
1550	OUR	D	IV	ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-039351
,	MENDE	D	] !	Registration District No. 318 Printery Registration District No. 9950 STATE FILE NUMBER
	1]		╽	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI). COUNTY admission)
DATE AMENDED				b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,  Length of stay in 1b OR TOWN ST LOUIS,  Inside Limits OR TOWN ST LOUIS,
DATE			_	C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL  Inside Limits  ADDRESS  4414 PENROSE ST.  Reside on Farm Yes No D
INSTEAD OF				3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year OF DEATH OCT, 26, 1961
			1	5. SEX  6. COLOR OR RACE WHITE Widowed Divorced Divorced 3/23/10 9. AGE (last birthday) WHITE Widowed Divorced 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
			] _	HOUSEWIFE  13b. MOTHER'S MAME  13b. MOTHER'S MAIDEN NAME  13b. MOTHER'S MAIDEN NAME  13c. CITIZEN OF WHAT COUNTRY  17. SIXTHPLACE (CITY and state of Edunity)  12. CITIZEN OF WHAT COUNTRY  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE
				WILLIAM MURRAY  ANN UNKNOWN  LEE WATTS  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address
			-	(Yes, no, or unknown) (If yes, give war or dates of service) NONE I.EE WATTS 4414 PENROSE ST.  1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  INTERVAL BETWEEN
		DOCUMENT		IMMEDIATE CAUSE (a) Uremia and Dematemeris 3 hays.
		DOG		Conditions, if any, which gave rise to above cause (a), stating the under-
			Z	lying cause last.   DUE TO (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   PART III. If deceased was female was there a pregnancy in last 90 days.
			CEPTIFICATION	19. WAS AUTOPSY 200. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of PART II of item 18.)  YES NO Unknown
			MEDICAL	
SHOULD READ			ľ	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while AT WORK   farm, factory, street, office bldg., etc.)
				21. I attended the deceased from 1953, to Oct. 2 6 1961 and last saw her alive on 10 - 24 - 61  Death occurred at 7150 6.m. m on the date stated above, and to the best of my knowledge, from the causes stated.
SHOUL		IT OF		226 SIGNATURE (Degree or title) 226. ADDRESS 832/N. Brakhray St. Loyis 10-27-61
Ö Z	+	AFFIDAVIT	Ι.	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or Educity)  BURTAT. 10/28/61 CALVARY CEMETERY ST LOUIS MISSOURI
ITEM		BY A	ľ	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE STROOT - CARROLL 4600 NATURAL BRIDGE OCT 27 1961 6 mills. 17. U.



## STATEMENT BY LICENSED EMBALMER

or by	Student Embalmer No
working under my personal supervision.	Signed M W Rueler
Signature of Student Embalmer	Licensed Embalmer No. 486

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 embalmed by a STUDENT, he also shall sign in his OWN handwritin If this body is not embalmed, fact should be so stated above.