

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37864

Do not use this space.

10191

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **10191**
 (c) City **St. Louis,** (d) Street No. **#5048 Waterman Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **#5048 Waterman Ave. [72]** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Helen Murray**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 8 - 1855**

7. AGE YEARS **83** MONTHS **2** DAYS **15** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Secy**
 9. Industry or business in which work was done, as saw mill, bank, etc. **American mfg.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cincinnati Ohio**

FATHER 13. NAME **Henny Murray**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Ann**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (NAME) (ADDRESS) **Harry R. Murray #333 Westgate Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Nov 25, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **D. R. Rupton & Sons #7233 Delmar Blvd.**

20. FILED **NOV 24 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 23** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 12** 19**28** to **Nov 130** 19**38**
 I last saw him alive on **Nov 23** 19**38**. Death is said to have occurred on the date stated above, at **12:5 P.M.**

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis (Sudden) Date of onset **11/23/38**

Other contributory causes of importance: **Senility, Parkinson's Disease, Prosthetic Hip, postoperative**

Name of operation **Nov 2** Date of **Nov 2**

What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **Frank D. Yerhan** M. D.
 (Signed) **Frank D. Yerhan** (Address) **4500 Olive St**

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6951 D.L.

4500 Olive
HO-3800

10-12-11 A.M. ...
G. Morrison

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,

Clarence H. Murray

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Clarence H. Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo*

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, above space should be left blank.