

REC'D JUN 1 1939

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

17124
Do not use this space.

791
1008

4658

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. St. Maris' St. 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 George Murry

(a) Residence, No. 1422 A - So Cardinal St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single widower

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Birdie Murry (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Quint 63 -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. janitor
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis Mo.

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Tom Kupferer 3929 Shawlan

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Burman DATE 5/27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Lewis Webster Chicago Mo.

20. FILED MAY 22 1939 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1939

I HEREBY CERTIFY, That I attended deceased from Jan 1 1939, to May 21 1939
I last saw him alive on May 21 1939 Death is said to have occurred on the date stated above, at 3:15 p. m.
The principal cause of death and related causes of importance were as follows:

Arctic Regurgitation
Date of onset
Chronic Interstitial Nephritis

Other contributory causes of importance:
Name of operation Diaphragm Date of Diaphragm
What test confirmed diagnosis Diaphragm 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 Diaphragm
(Signed) D. Jackson M. D.
(Address) 3115 S. Grand Blvd

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.

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, J. Lewis

....., or by

Registered Apprentice No., working under my personal supervision.

Signed J. Lewis

Licensed Embalmer No. 7027

P. O. Address 22 Euclid Hebert Ave. Lenoir

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.