S. No. 2
M—1-4-41
v. 5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33511

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8467

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3129 a Keokuk Street/ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 1794

(d) Street No. 3129 a Keokuk St. (If rural, give location) 7

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CATHERINE MURRAY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female/

5. Color or race White

6. (a) Single, widowed, married, divorced Single/

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 4, 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Potosi (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Hugh Murray
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Moloney
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Andrew J. Murray

(b) Address 3129a Keokuk St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Gebken L and X Co

(b) Address 2842 Meramec St.

19. (a) OCT 26 1941 (Date received local registrar) (b) J F Bredick (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th. year 1941 hour 2:15 P.M. minute M.

21. I hereby certify that I attended the deceased from Sept 10, 1935 to Oct-24, 1941; that I last saw him alive on Oct-24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

Duration ?

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) 0

Address 4065 So Grand Av Date signed 10/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph S. Benz, Registered Apprentice No. 218, working under my personal supervision.

Signed Lonon C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meram ec St.
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, fact should be so stated above.