

FILED MAR 10 1942
7874

Registration District No. 7874

Primary Registration District No. 100

Registrar's No. 515

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 3 yr 4 mo 12 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8621 A. Manchester
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

DOROTHY MURROE

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 0

6. (b) Name of husband or wife Edward L. Murrel

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

7. Birth date of deceased October 19 1938
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Edward L. Murrel
 { 13. Birthplace Depto, Mo.
 { 14. Maiden name Elizabeth Reed
 { 15. Birthplace Depto, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Edward L. Murrel

(b) Address 8621 A. Manchester

17. (a) _____ (b) Date thereof Mar 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Daniel J. Mahr

(b) Address Depto, Mo.

19. (a) MAR - 5 1942 (b) C. H. Mc Lurain
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 5th
year 1942 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 4, 1941 to March 5, 1942; that I last saw her alive on March 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days
Due to measles 2 days

Due to 35
Other conditions Mongolian Imbecility
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. Bockelman (M. D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 3/5/42

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

6
9
1

3

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.....

Daniel J. Mahan Jr....., Registered Apprentice No. 297
working under my personal supervision.

Signed Elmer Halitag.....

Licensed Embalmer No. 3571.....

P. O. Address Himmelsich Md.....

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.