U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 15 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4864

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

00 17 9

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. 27 days (Specify whether years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DEACESED:

000 17 9

(a) State Mo. (b) County 21
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1428 N. 21st St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phyllis Murray

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race C

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

6. (b) Name of husband or wife NATHAN

6. (c) Age of husband ~~or wife~~ if alive 55 years

7. Birth date of deceased UNKNOWN. (Month) (Day) (Year)

8. AGE: Years Abt 51 Months Days If less than one day hr. min.

9. Birthplace New Madrid Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation House Work.

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN.

13. Birthplace " " 9 (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace " " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Nathan Murray
(b) Address 1428 N. 21st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Benzie Love
(b) Address 3103 Washington

19. (a) JUN 3 1942 (Date received local registrar) (b) J. F. Bubek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27, year 1942 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from December 31, 1941 to May 27, 1942; that I last saw her alive on May 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pyelitis	6 mos.
Due to: Calculous	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature C. K. Fleet (M. D. ~~or other~~)
Address 2601 N. Whittier Date signed 5/28/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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.