

S. No. 2
DM-5-42
v. 5-17-39
I X32873

35729

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9294

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 100

Registrar's No.

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:
IN ROUTE TO CITY HOSP. 3
(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 MO (b) County 000
12

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
924

(d) Street No. 3154 1/2 IAWA
(If rural, give location)

(e) Not attending Physician (Yes or No)
Physician's name.....

3. (a) PRINT FULL NAME MARTIN PAUL MURRAY

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6
year 1942 hour 7:40 minute AM

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

4. Sex MALE 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 OCT. 16 1942
(Month) (Day) (Year)

Due to Broncho Pneumonia (Primary)

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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

9. Birthplace ST. LOUIS MO, O
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name PAUL MURRAY

13. Birthplace ONESBORO ARK. 1
(City, town, or county) (State or foreign country)

14. Maiden name CAROL KAYSER

15. Birthplace ST. LOUIS MO, O
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Murray

(b) Address 3154 1/2 IAWA

17. (a) BURIAL (b) Date thereof NOV. 9 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS SEM

18. (a) Signature of funeral director J. P. Smith

(b) Address 7128 Michigan

19. (a) NOV 7 1942 (b) J. F. Burk
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature Alfred Henry (M. D. or other)
Address 116 1/2 Date signed 11/6/42

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

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

F. P. Funder

Licensed Embalmer No.....

925

P. O. Address.....

St Louis

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.