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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 10 1943  
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 299

1. PLACE OF DEATH:

(a) County St. Louis County, MO. NORRALL  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mother Good Counsel Home 4  
(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 \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2324a Tower Grove  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Bridget Murray

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Patrick Murray 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 27, 1855  
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Heverin  
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4  
14. Maiden name Ellen Burke  
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant's own signature Mrs Mary Murray  
(b) Address 2324a Tower Grove

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Southern Funeral Home 6322 S. Grand Blvd.

19. (a) St. Louis (City, town, or county) (b) C. S. Mc Murray (Registrar's signature) EB

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 5 year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 5, 1942, to Feb 5, 1943, that I last saw her alive on Feb 4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Bronch. Pneumonia 7 days

Due to \_\_\_\_\_  
Due to Arterio Sclerosis Grad 5 yr  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 107  
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 \_\_\_\_\_  
28. Signature C. S. Mc Murray (M. D. or other) 3/4/43  
Address Union Club Bldg Date signed 3/6

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

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.

Form 1 X1931

FEB 8 1943 707

MAR 10 1943

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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.....

*Fingil L. Berryman*

Licensed Embalmer No.....

*4018*

P. O. Address.....

*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, above space should be left blank.**