

S. No. 2
AM-243
5-17-39
I X 38

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12567**

ED MAY 12 1948 318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **4017**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0001
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9 18

(d) Street No. 4577 Gibson Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET E. MURRAY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1948 hour 12:05 minute 4 M.

21. I hereby certify that I attended the deceased from Apr. 14th
1948 to Apr. 28 1948
that I last saw him alive on Apr. 28 1948
and that death occurred on the date and hour stated above.

4. Female 5. Color or race white

6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife John E. Murray
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 12th 1881
(Month) (Day) (Year)

Immediate cause of death:
Carcinoma of stomach,
C. metastatic to liver.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

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

61 9 16 hr. _____ min.

9. Birthplace Houston, Texas Delhi, India
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Meyerott

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

14. Maiden name Unknown Shuck

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

16. (a) Informant John E. Murray

(b) Address 4577 Gibson Ave

17. (a) Burial (b) Date thereof 5-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director W. H. Knigshausen, Mortician

(b) Address 422 So. Kingshighway

19. (a) APR 29 1948 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations None

Of autopsy As above

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

(a) Accident, suicide, or homicide (specify) no

(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)

Means of injury _____

23. Signature John J. Lawrence (M. D. or other) M. D.
Address 124 N. Grand Date signed 5/29/48

Duration 4-6 mos.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

844

Mr. Hammond
500 Bldg 2-5

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..... *Ernie A. Mc Nemett*

Licensed Embalmer No. *3024*

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.