S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN - 1943

318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16427

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4589

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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 6 1/2 hrs.

2. USUAL RESIDENCE OF DECEASED: 28

(a) State Mo (b) County 1

(c) City or town Cuba 0
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ora Pauline Murta

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

3. (c) Social Security No. 488-22-1538

4. Sex Female

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 11 (Month) 12 (Day) 1923 (Year)

8. AGE: ~~Y~~ Years 19 Months 6 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business United Van Lines

FATHER
12. Name Paul John Murta
13. Birthplace Beaver (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Ora Munro
15. Birthplace Cuba (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Paul John Murta
(b) Address Cuba, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Cuba, Mo.

18. (a) Signature of funeral director Hollow Funeral Home
(b) Address Cuba, Missouri

19. (a) MAY (Date received local registrar) (b) 1943 J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17 year 1943 hour 6 minute 30 P.M.

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: Internal Hemorrhage from Ruptured Tubal Pregnancy

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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

23. Signature [illegible] (M. D. or other) 3
Address [illegible] Date signed 5/18/43

(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 John Ketter

Licensed Embalmer No. 3880

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.