

FILED OCT 13 1943

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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: Stone Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day. (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JULIA MURRAH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Joseph Murrah 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 4th 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name George Bohasin

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

14. Maiden name Mary Abbou

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

16. (a) Informant Joseph Murrah

(b) Address 912 La Salle St.

17. (a) Burial (b) Date thereof Oct 4th, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Therese B. S.

(b) Address 2906 Gravois Ave.

19. (a) Oct 3 1943 (b) J. P. Brudeck
(Date received local registrar) (Registrar's signature)

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. 912 La Salle St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1943 hour 8 15 P. Minute _____ M.

21. I hereby certify that I attended the deceased from Sept 26,
_____ 1943 to Sept 30, 1943;
that I last saw her alive on Sept 30, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Coronary Thrombosis Duration 4 days

Due to Arteriosclerosis, Heart Disease, Hypertension

Due to _____

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

Major findings: Of operations None

Of autopsy None

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 J. P. Brudeck M.D. (M. D. or other)

Address 1519 University Club Bldg signed 10/2/43

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

MOTHER FATHER

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.....

David Van Fossa

Licensed Embalmer No. *4242*

P. O. Address *2906 Morris*

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.