

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 6 1944
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3023

1. PLACE OF DEATH: 318
 (a) County St. Louis, Mo.
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 12
 (c) City or town St. Louis 96
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5542 Easton (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME JAMES MURFIN
 (b) If veteran, name war None
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 29th
 year 1944 hour 12:06 minute P. M.
 21. I hereby certify that I attended the deceased from March 25th
 19 44 to March 29th, 44

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

that I last saw him alive on March 29th, 44
 and that death occurred on the date and hour stated above.

7. Birth date of deceased March 12 1926
 (Month) (Day) (Year)

Immediate cause of death Liver Abscess
 non-tubercular cause
 unknown
 Duration

8. AGE: Years 18 Months 0 Days 17
 If less than one day hr. min.

Due to 125
 Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

Major findings: Of operations

11. Industry or business

Of autopsy

MOTHER FATHER { 12. Name William E. Murfin
 13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN Underline the cause to which death should be charged statistically.

14. Maiden name Alva Hall
 15. Birthplace Sumnersville Missouri
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Alva Murfin
 (b) Address 5542 Easton Ave.

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence

17. (a) Burial (b) Date thereof 4-1-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hartshorn, Mo.

(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?

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

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

19. (a) J. F. Braddock (b) (c) Registrar's signature

23. Signature L. Kneuehoff (M, D, or other) M.D.
 Address 1515 Lafayette Date signed 3-29-44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. W. Wilkerson

Licensed Embalmer No.....

3575

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.