

FILED JUN 19 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3069

Registrar's No. 1283

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. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 5333 Odell
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARK Murren

3. (b) If veteran, name war WW

3. (c) Social Security No. 220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1944 hour 7.45 minute am M.

21. I hereby certify that I attended the deceased from May 17 1944
19____ to June 10 1944
that I last saw him alive on June 10 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nelle Murren

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 12 1884
(Month) (Day) (Year)

Immediate cause of death Coronary Vascular Disease Duration ?

Due to _____

Due to _____

Other conditions Prostate obstruction ?
(Include pregnancy within 3 months of death)

8. AGE: Years 60 Months 29 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Steward

11. Industry or business St. Marys Hospital

12. Name John W. Murren

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

14. Maiden name Anna Keenan

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

16. (a) Informant Mrs. Robert Murren

(b) Address 5333 Odell

17. (a) Burial (b) Date thereof 6/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters & Sons

18. (a) Signature of funeral director W. J. Forward

(b) Address 4217 St. Louis Ave

19. (a) JUN 14 1944 (b) E. D. Mc Gowan, M.D.
(Date received local report) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 W. T. Thomsen (M. D. of other) _____
Address 984 Acad. Bldg Date signed 6/13/44

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

JUL 10 1934

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.....

Joe A. Howard

Licensed Embalmer No.

4139

P. O. Address.....

4312 St Louis A

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.