V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26482

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7354

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 4201 Peck St. (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

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: 95

(c) City or town: St. Louis 910 (If outside city or town limits, write "RURAL")

(d) Street No.: 4201 Peck St. (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Preston Spain Murray

3. (b) If veteran, name war:

3. (c) Social Security No. 494-07-088

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Carrie Murray

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: July (Month) 1st. (Day) 1871 (Year)

8. AGE: Years 73 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation: Stationary Fireman

11. Industry or business: Krey Packing Co.

MOTHER FATHER

12. Name: Joseph Murray

13. Birthplace: Dont Know (City, town, or county) 9 (State or foreign country)

14. Maiden name: Julia Brickey

15. Birthplace: Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Carrie Murray

(b) Address: 4201 Peck St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Sun Set Burial Park

18. (a) Signature of funeral director: Provost Und. Co.

(b) Address: 3710 N. Grand Blvd.

19. (a) AUG 24 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22nd. year 1944 hour 2.00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis

Due to: Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death): 0

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Deputy Coroner Date signed 8/23/44

8/24

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Be

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.