

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28787**
Registrar's No. **1843**

FILED SEP 9 1944
Registration District No. **3067**

Primary Registration District No. **3067**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
residence-5 Hacienda Drive
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ladue
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 Hacienda Drive
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Celeste Connell Murray
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September, day 2nd
 year 1944 hour 8:10 minute A. M.

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Michael J. Murray
 6. (c) Age of husband or wife if alive.....years 24 1855
(Month) (Day) (Year)
 7. Birth date of deceased January 24 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/10 1942 to 9/2 1944
 that I last saw alive on 9/1/44
 and that death occurred on the date and hour stated above.

8. AGE: — Years Months Days If less than one day
89 7 9 hr. min.

Immediate cause of death Cardiac Renal disease & Pneumonia terminal
 Due to Senility
 Due to.....

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

Other conditions None
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy None

10. Usual occupation at home

MOTHER FATHER
 11. Industry or business.....
 12. Name James Connell
 13. Birthplace unknown Pennsylvania
(City, town, or county) (State or foreign country)
 14. Maiden name Eliza Bambrick
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
None

16. (a) Informant Mrs. Hazel B. Lee
 (b) Address 5 Hacienda Drive, Ladue, Mo.

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?.....
(Specify type of place)
 Means of injury.....

17. (a) burial (b) Date thereof 9-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
 (b) Address 7233 Delmar Blvd., St. Louis

23. Signature [Signature] (M. D. or other)
 Address 6125 10th Ave Date signed 9/2/44

19. SEP 5 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Dr. Pierce J. Reilly
10-11 A.M. & 2-4 P.M.
6825 Bartmer Biv'd.,
CA-5187

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

Bradford A. Miles

Licensed Embalmer No.

2901

P. O. Address

University City - Mo

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.