

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED NOV 4 1944

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 2220

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Melville E. Murray

3. (b) If veteran, name war No

3. (c) Social Security No. 489-20-7091

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

7. Birth date of deceased September 3, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>26</u>	hr. min.

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

10. Usual occupation Guard

11. Industry or business Scullin Steel Co.

MOTHER FATHER {

12. Name David C. Murray

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

14. Maiden name Margaret O'Keefe

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

16. (a) Informant Lucille Murray

(b) Address 5591 Page

17. (a) Burial (b) Date thereof 11-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart & Sons

(b) Address 1225 Union Blvd.

19. (a) NOV 1 1944 (b) E. S. McLaughan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5591 Page
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1944 hour 12:55 minute _____ P.M.

21. I hereby certify that I attended the deceased from February 7, 1940
_____, 19____, to October 29, 1944;

that I last saw h...im alive on October 29, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Mitra Stenosis Dicompensated.
Duodenal Ulcer. Arteriolar Nephro
RENAL Sclerosis

Duration 1 day

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations

Of autopsy No autopsy

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) No

(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 job)

23. Signature J. E. Cole (M. D. or other) _____
Address 634 N. Grand Date signed 10-30-44

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.....

W. Wilkins

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.