

STANDARD CERTIFICATE OF DEATH

State File No. 4883

FILED JUN 16 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 4883

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2219		d. STREET ADDRESS (If rural, give location) 922 N. 19
d. FULL NAME OF HOSPITAL OR INSTITUTION 922 N. 19			d. STREET ADDRESS (If rural, give location) 21 922 N. 19		
3. NAME OF DECEASED (Type or Print) Marcello			a. (First)	b. (Middle)	c. (Last) MURDOCK
4. DATE OF DEATH April 25 52	5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1898	9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech	10b. KIND OF BUSINESS OR INDUSTRY Mech	11. BIRTHPLACE (State or foreign country) Miss		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Mech		13b. MOTHER'S MAIDEN NAME Mech		14. NAME OF HUSBAND OR WIFE Mech	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Mech		16. SOCIAL SECURITY NO. Mech	17. INFORMANT'S SIGNATURE OR NAME T. E. Taylor / 1300 Park		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Coronary Dec/USION Sclerosis		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4.201.		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.					
23a. SIGNATURE Thos. E. Taylor			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/22/52
24a. BURIAL, CREMATION, REMOVAL (Specify) In		24b. DATE 5-31-52	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 27 1952		REGISTRAR'S SIGNATURE J. Carl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	

(Licensed Embalmer's Statement on Reverse)

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

No. 300 10.48

787

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.....

Students of Mortuary College Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 18348
Local Registrar's No. 4883

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth death
for Marcella Murdock died 5-25 _____, 1952 in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 4 should read 4-25-52 at 11:00 O'clock AM

Instead of _____ 5-25-52

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alfred J. Perryman Relationship. Deputy Commissioner

1300 Clark Present Address.

Transcript # 782 of 1952

Subscribed and sworn to before me this 18 day of July, 1952

My Commission expires 3-4-53 Edna C. Pabst Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

