

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29844

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7251**

1. PLACE OF DEATH a. COUNTY <b>St. Louis - Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>109</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>10 3045 Lambdin Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Homer G Phillips Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Mattie Murray</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>-7 23 1952</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED - 1</b>	8. DATE OF BIRTH <b>JULY 15 1894 68</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NO.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>Yes.</b>
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13a. FATHER'S NAME <b>WILLIAM ARMSTRONG</b>	13b. MOTHER'S MAIDEN NAME <b>ROSIE BELL</b>	14. NAME OF HUSBAND OR WIFE <b>AJ Murray</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>489-14-4569</b>	17. INFORMANT'S SIGNATURE OR NAME <b>AJ Murray</b>	ADDRESS <b>3045 Lambdin</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Epidermoid Carcinoma of Mandible (Primary site undetermined)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) <b>None</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>196X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **6-22**, 19**52**, to **7-23**, 19**52**, that I last saw the deceased alive on **7-23**, 19**52**, and that death occurred at **8:25 p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm J. Reid</b>	(Degree or title) <b>M. D. O.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>7-24-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>7/29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman J. Smith</b>	ADDRESS <b>4247/w Labadie Ave</b>
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S. G. (Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

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.