

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44612**

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3298

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>	c. LENGTH OF STAY (In this place) <u>D.O.A</u>	c. CITY OR TOWN <u>WEBSTER GROVES</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>738 E. SWON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ELLIS</u> c. (Last) <u>MURRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 7Y 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 73, 1913</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. 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) <u>SHEET METAL MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>VICTOR RACKEL S.H.M.C.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW LIBERTY, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>THOMAS MURRY</u>	13b. MOTHER'S MAIDEN NAME <u>HALLIE SHAMBLING</u>	14. NAME OF HUSBAND OR WIFE <u>HELEN SACHS MURRY</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>70Y-07-7874</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Helen Murry</u>	ADDRESS <u>738 E. SWON AVE</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis (massive)</u>		<u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>5 yrs</u> <u>YRS</u>
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 <u>4201</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Aug 12, 1948, to Dec 22, 1953, that I last saw the deceased alive on Dec 12, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John V. King M.D.</u>	23b. ADDRESS <u>689 E Big Bend Webster Groves, Mo</u>	23c. DATE SIGNED <u>12/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-23-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG FUNERAL HOME</u>	ADDRESS <u>73 W. LACKWOOD AVE WEB. GRO. MO.</u>
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52 (Licensed Embalmer's Statement on Reverse Side)

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

1954 2 4

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul A. Wachter*.....

Licensed Embalmer No... *478*...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.