

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24779

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1469	
1. PLACE OF DEATH a. COUNTY St. Louis County, Missouri.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY St. Louis,			
b. CITY (If outside corporate limits, give RURAL and give OR TOWN Richmond Heights, township)			c. LENGTH OF STAY (in this place) 2 days.	c. CITY OR TOWN Brentwood 17, 451		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 St. Mary's Hospital.				e. STREET ADDRESS (If rural, give location) #2002 Urban Drive.			
3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle) Louise.		c. (Last) MURRAY		4. DATE OF DEATH (Month) (Day) (Year) 6/27/1955	
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.	8. DATE OF BIRTH March 30, 1868.		9. AGE (In years last birthday) 87.	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper.		11. BIRTHPLACE (City and State or Foreign Country) Peru, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew D. Murray.		13b. MOTHER'S MAIDEN NAME Bessie Belle Buchanan.		14. NAME OF HUSBAND OR WIFE None.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Lora L. Murray, #2002 Urban Dr.,			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Cardio Vas. Dis.  ANTECEDENT CAUSES DUE TO (b) Chr. Emphysema DUE TO (c) Chr. Nephritis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia.					INTERVAL BETWEEN ONSET AND DEATH 4 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4221			
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?			
22. I hereby certify that I attended the deceased from June 21, 1955, to June 27, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at 4:00 Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. Kleinschmidt M.D.				23b. ADDRESS 508 N. Grand Ave		23c. DATE SIGNED 6/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE 6 - 28 - 1955.	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) #3600 St. Charles Rock Road.		
DATE REC'D BY LOCAL REG. 6/28/55		REGISTRAR'S SIGNATURE Herbert B. Donker, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lepton & Sons		ADDRESS 7233 Delmar	

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

2-4 p.m.

**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 Clarence H. Mc.....

Licensed Embalmer No. 401.....

P. O. Address 211 Lou.....

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.