

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28000

State File No.

Registrar's No. 7146

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Anthony's Hosp.** e. STREET ADDRESS (If rural, give location) **17 4205 Flad Avenue 21790**

3. NAME OF DECEASED (Type or Print) a. (First) **Edward** b. (Middle) **S.** c. (Last) **Murray** 4. DATE OF DEATH (Month) (Day) (Year) **8-13-55**

5. SEX **Male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct. 29-1868** 9. AGE (In years last birthday) **86** IF UNDER 1 YEAR **9** Months **24** Days IF UNDER 4 HRS. **0** Hours **0** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired (Executive)** 10b. KIND OF BUSINESS OR INDUSTRY **Public Utility** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Patrick Murray** 13b. MOTHER'S MAIDEN NAME **Margaret Byrnes** 14. NAME OF HUSBAND OR WIFE **Mayme Conley Murray**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mayme Conley Murray** ADDRESS **4205 Flad Ave**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio-sclerotic renal disease**
INTERVAL BETWEEN ONSET AND DEATH _____
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Cerebria**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) **Heart**
II. OTHER SIGNIFICANT CONDITIONS **Ruptured appendix**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **8/2/55** 19b. MAJOR FINDINGS OF OPERATION **ruptured appendix** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **8-2**, 19**55**, to **8-13**, 19**55** that I last saw the deceased alive on **8-13**, 19**55** and that death occurred at **11:12** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. Earl Smith M.D.** 23b. ADDRESS **634 N. Grand** 23c. DATE SIGNED **8/15/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-17-55** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **AUG 16 1955** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Thomas J. Finan** ADDRESS **1519 S. Grand**

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

Student.....
Signature of Student Embalmer

Signed *James B. Binsley*.....

Licensed Embalmer No. *365*.....

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.