No. 300
10.46

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

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7580

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 374

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND
c. LENGTH OF STAY (in this place): 25 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2960 KINCAID

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: OVERLAND 420X 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 2960 KINCAID

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): MURRAY

4. DATE OF DEATH (Month) 2/ (Day) 6/ (Year) 56

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 2/17/1894

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (City and State or Foreign Country): VINCENCE, INDIANA

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES KIDWELL

13b. MOTHER'S MAIDEN NAME: MARY CRAWFORD

14. NAME OF HUSBAND OR WIFE: ZEPH KNOTT 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.: 495-14-5912

17. INFORMANT'S SIGNATURE OR NAME: MRS. HERBERT STAPLETON
ADDRESS: 2960 KINCAID

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Appendix

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 18 Months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/55

19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis . 153X

20. AUTOPSY? YES [ ] NO [X]

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) m.

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* September 54, *to* February 6, 1956, *that I last saw the deceased alive on* February 6, 1956, *and that death occurred at* 8:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas F. Summers (Degree or title) M.D.

23b. ADDRESS: 3903 Olive · St. Louis 8, Mo.

23c. DATE SIGNED: 2-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 2/9/56

24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State): ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG.: 2-8-56

REGISTRAR'S SIGNATURE: Robert R. Banks MD

25. FUNERAL DIRECTOR'S SIGNATURE: ORTMANN F. HOME
ADDRESS: 9222 LACKLAND

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....A. C. Ostmann.....

Licensed Embalmer No. 347

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.