

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42002

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2634

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MANCHESTER NURSING HOME 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAY
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 12

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4965 EASTON
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME PATRICK B. MURKIFF

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1942 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from
....., 19..... to....., 19.....;

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LENA 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased JAN 17 1863
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>25</u>	hr. min.

Due to Chronic Myocarditis.

Due to

9. Birthplace LAFAYETTE IND 1
(City, town, or county) (State or foreign country)

10. Usual occupation T.N. SMITH

Other conditions..... 93H
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name U.K.

13. Birthplace U.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name U.K.

15. Birthplace U.K. 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Lena Murkiff

(b) Address 4965 Easton

17. (a) BURIAL (b) Date thereof Dec 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Cullen Kelly

(b) DEC 15 1942

19. (a) (Date received local registrar)

(b) e S. McArthur
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature James H. Baylis
Address Kirkwood, Mo. Date signed 12/15/42

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

96
0
0

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clement McNeary
Licensed Embalmer No. 3732
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 this body is not embalmed, fact should be so stated above.