

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14022

Registrar's No. 3790

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

15

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3222 Dakota St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3222 Dakota St.			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) X c. (Last) MURPHY	4. DATE OF DEATH (Month) (Day) (Year) Apr. 27 1949
---	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 3, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 24	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------------	---------------------------	--	----------------------------------	---------------------------------------	-----------------------------	-----------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Busch-Diesel Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
--	---	---	------------------------------

13a. FATHER'S NAME Dennis Murphy	13b. MOTHER'S MAIDEN NAME Sarah Murphy	14. NAME OF HUSBAND OR WIFE Elizabeth Murphy
-------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Murphy	ADDRESS 3222 Dakota St.
--	-------------------------	---	----------------------------

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, asphyxia, 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)  Chronic Hypertension		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  Atherosclerosis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 9300
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222

22. I hereby certify that I attended the deceased from 1942, 19 to Mar 1, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE Geoff L. Jones	(Degree or title)	23b. ADDRESS 4065 Schaud	23c. DATE SIGNED 4/28/49
----------------------------------	-------------------	-----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 30, 1949	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. APR 29 1949	REGISTRAR'S SIGNATURE J. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
---	---------------------------------------	--	-------------------------------------

---

**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 .....  
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

**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.