

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14671

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6243 Registrar's No. 22

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Washington Rural Liberty</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>	b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) <u>Near Potosi</u>	c. LENGTH OF STAY (If this place) <u>2 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If rural, give location) <u>500 South 4th St.</u>		

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Muriel</u>	b. (Middle) <u>McBride</u>	c. (Last)	<u>April 25 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov. 17 1921</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Fred Morgan</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Sanson</u>	14. NAME OF HUSBAND OR WIFE <u>Juan McBride</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Juan McBride</u>
		ADDRESS <u>St. Louis Mo.</u>

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  <u>195X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF THYMUS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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)
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 4-15, 1949, to 4-25, 1949, that I last saw the deceased alive on 4-25, 1949, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward W. Lusk, Jr.</u>	23b. ADDRESS <u>301 S. Potosi, Mo.</u>	23c. DATE SIGNED <u>4/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>
	24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/28/49</u>	REGISTRAR'S SIGNATURE <u>H. E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther ...</u>
		ADDRESS <u>Potosi Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

RECEIVED

Health Officer No. 4  
File Number 549-59  
Date Filed 5-7-49

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.

Signed Murphy L Sparks

Signed.....  
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Flat River Mo

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.