U.S. No. 300
Rev. 10.48

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10866

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2489

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis
d. STREET ADDRESS (If rural, give location): 23 - 2605 DeKalb ST.

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Marshall
c. (Last): Murphy

4. DATE OF DEATH (Month) (Day) (Year): Mar. 14, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 19, 1923
9. AGE (In years last birthday): 26 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Chevrolet Motor Co
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Arthur Lee Murphy
13b. MOTHER'S MAIDEN NAME: Bessie Webb
14. NAME OF HUSBAND OR WIFE: Mildred 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.: 264-26-0258
17. INFORMANT'S SIGNATURE OR NAME: Mildred Murphy — ADDRESS: 2605 DeKalb 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, asthenia, 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): Encephalo malacia of brain cerebral thrombosis, following injuries suffered when deceased operating truck on Hwy #51 miles north of Ramsey Ill about 800 pm Mar 13 1950 skidded on ice and left highway turning over

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 [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ramsey Ill
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 13 50 800 p 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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 240 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Quinn Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 3/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial (1)
24b. DATE: 3-17-50
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus
24d. LOCATION (City, town, or county) (State): St. Louis, County

DATE REC'D BY LOCAL REG.: MAR 15 1950
REGISTRAR'S SIGNATURE: J. B. Sasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Witt Bros. L. & U.C. 2929 S. Jefferson Ave.

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

working under my personal supervision.

Student .....
Student Embalmer

Signed D. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 Jefferson

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.