

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10868**  
Registrar's No. **2052**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>2209</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Little Sisters of Poor</b>		d. STREET ADDRESS (If rural, give location) <b>20-3225 N. Florissant Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Mary Murphy</b>	a. (First) <b>Mary</b> b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH <b>Mar ch 1, 1950</b>
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W. 2</b>	8. DATE OF BIRTH <b>Feb. 26, 1869</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days <b>5</b>	IF UNDER 2 HRS. Hours <b></b>	IF UNDER 15 MIN. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country). <b>Liverpool, England 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Thomas Barrett</b>	13b. MOTHER'S MAIDEN NAME <b>Bridget Byrne</b>	14. NAME OF HUSBAND OR WIFE <b>Mr. Thomas Murphy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Manley Rice, 5904 Enright Ave.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>???</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES Morbidity <b>None</b> DUE TO (b) <b>None</b> DUE TO (c) <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death <b>None</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4-2-22</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>None</b>	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 **Jan. 12, 1950**, to **March 1, 1950**, that I last saw the deceased alive on **March 1, 1950**, and that death occurred at **5:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <b>Samuel L. Hottel, M.D.</b>	23b. ADDRESS <b>2435 N. Grand Blvd.</b>	23c. DATE SIGNED <b>3-2-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 4, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County</b>
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DATE REC'D BY LOCAL REG. <b>MAR 3 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Kimmel</b>	ADDRESS <b>3840 Lindell Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

On 7/20/20  
No. of Officers Homeless  
will be Homeless 50k

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**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.