

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15276

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 933

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7664 Lindberg Drive		d. STREET ADDRESS (If rural, give location) 7664 Lindberg Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Leonore b. (Middle) R. c. (Last) Murphy			4. DATE OF DEATH April 8, 1950		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Nov. 28, 1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Edward J. Schall		13b. MOTHER'S MAIDEN NAME Rebecca C. Flori		14. NAME OF HUSBAND OR WIFE Mr. Jeremiah 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Jerry J. Murphy, 7664 Lindberg Drive	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sept 1949 to April 8-50
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>End-stage carcinoma of the stomach</i>		
	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 checked="" 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) (Minute)	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 Sept 1949, to April 8, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. J. Rossard M.D.</i>	23b. ADDRESS 3500 Cambridge Park, Maplewood	23c. DATE SIGNED 4/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE April 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 4-11-50	REGISTRAR'S SIGNATURE <i>Robert Donald Carter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Donnelly</i>	ADDRESS 3840 Lindell Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

MAILED APR 18 1950

3500 Cambridge
Cam. Tuesday -
Lic. 0890

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. 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.