

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18842**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **7663** Registrar's No. **1258**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Clayton)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		
c. LENGTH OF STAY (in this place) D.O.A.			d. STREET ADDRESS (If rural, give location) 3411 Wismer		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital					
3. NAME OF DECEASED (Type or Print)		a. (First) Harry	b. (Middle) W.	c. (Last) Murphy	4. DATE OF DEATH (Month) (Day) (Year) 5) 15) 50
5. SEX Male()	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8)2)1902	9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (State or foreign country) Grand Rapids Michigan/	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Murphy		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Jessie Murphy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 487-18-4244	
17. INFORMANT'S SIGNATURE OR NAME Jessie Murphy		18. ADDRESS 3411 Wismer Ave.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 3 days
		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. Common Cold			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1			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) (Min.)		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 May 12, 1950 , to May 15, 1950 , that I last saw the deceased alive on May 15, 1950 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE F. P. Bailey			23b. ADDRESS 9406 Portland		23c. DATE SIGNED 5-16-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5)19)50	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.
DATE REC'D BY LOCAL REG. 5-17-50		REGISTRAR'S SIGNATURE Hubert R. Blomke		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Calliers ADDRESS 10123 St. Char. Rd.	

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

6 NINJ

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas Rd

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.