

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35164

8932

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249				
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS (If rural, give location) 3744 1/2 Illinois						
3. NAME OF DECEASED (Type or Print) a. (First) Mamie			b. (Middle) _____		c. (Last) Murphy		4. DATE OF DEATH (Month) (Day) (Year) 10 20 50			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb 28, 1872		9. AGE (In years last birthday) 78	10. MONTHS _____	11. YEAR _____	12. HOURS _____	13. MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St. Louis, MO			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Thomas Murphy			13b. MOTHER'S MAIDEN NAME Sarah Quinn			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Powers 5726 Goodfellow					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) In of right Hip; Arterio sclerosis INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES suffered broken decreased fell from the curb to the street at 2nd and Hubert St., on Sept 9 1950 at about 9:30 am DUE TO (b) _____ DUE TO (c) _____ 2. 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 Accident and					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 9 50 9:30 AM				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6:30 25 1/2 #51								
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 6:00 P. m. , from the causes and on the date stated above.										
23a. SIGNATURE (Print name and address or title) Joseph M. Zwick					23b. ADDRESS 1300 Clark			23c. DATE SIGNED 10/21/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 23 50	24c. NAME OF CEMETERY OR CREMATORY Mt Olive			24d. LOCATION (City, town, or county) (State) Le Mars Mo				
DATE REC'D BY LOCAL REG. Oct 21 1950		REGISTRAR'S SIGNATURE J. B. Fasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 So Gay				

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

David T. Tossan

Signed.....
Student Embalmer

Licensed Embalmer No. 42670

P. O. Address 0322 H. B.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.