

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2841

State File No. _____

686

Registrar's No. _____

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 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) 1 hr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hosp. #1.			d. STREET ADDRESS (If rural, give location) 2705 1/2 Caroline Street		
3. NAME OF DECEASED (Type or Print) a. (First) LOUELLA		b. (Middle) _____	c. (Last) MURPHY		4. DATE OF DEATH (Month) (Day) (Year) January 21, 1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH August 6, 1878		9. AGE (In years last birthday) 72 # UNDER 1 YEAR Months _____ # UNDER 18 HRS. Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) St. Clair, Missouri		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME James Murphy		13b. MOTHER'S MAIDEN NAME Mary Bartle		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Murphy 2705 1/2 Caroline Street		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gebnerian Oedema; Cardiac Hypertrophy; Fr of left hip</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ?</p> <p>DUPLICATE 2705 Caroline Str on Jan 21, 1951 at about 8:30 pm</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Accident ov		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 21 51 8:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 49080			
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 9:10 P. m. , from the causes and on the date stated above. 21					
23a. SIGNATURE (Degree or title) Dr. W. M. Cooper			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/23/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-24-51	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) St. Clair, Missouri		
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE J. B. Carater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2501 Lafayette Avenue			

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

Coroner

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

H. G. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *H. G. Farris*

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.