

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6933

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3064		Registrar's No. 386			
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 township) OR TOWN Ferguson			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4-109				
d. FULL NAME OF HOSPITAL OR INSTITUTION 14 Marguerite Ave.				d. STREET ADDRESS (If rural, give location) 14 Marguerite Ave.					
3. NAME OF DECEASED (Type or Print) Francis		a. (First) Francis		b. (Middle) M.		c. (Last) Murphy			
4. DATE OF DEATH		(Month) Feb. 9, 1951		(Day)		(Year)			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 11, 1884			
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator			10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U. S..		
13a. FATHER'S NAME Marion Murphy			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE Theodora 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. 494-09-0351		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodora Murphy 14 Marguerite 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus				DUE TO (c)				10 yrs?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis								3 yrs	
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)		260X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 22, 1951, to 2-9, 1951, that I last saw the deceased alive on 2-8, 1951, and that death occurred at 6:00 a. m., from the causes and on the date stated above.									
23. SIGNATURE Eugene L. Arnold M.D. (Degree or title)			23b. ADDRESS 1449 Mc Laran			23c. DATE SIGNED 2/9/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2/12/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. 2-10-51		REGISTRAR'S SIGNATURE Herbert R. Danke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel 118 N. Florissant Rd.					

RWP (Licensed Embalmer's Statement on Reverse Side)

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

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.....

*L. M. Shulte*

Licensed Embalmer No. *3973*

P. O. Address *Herguson, Mo.*

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.