

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

FILED APR 9 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2780

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Louis</u> ) |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> <u>2269</u>                       |  |
| c. LENGTH OF STAY (In this place) <u>2 hrs</u>                                       |  | d. STREET ADDRESS (If rural, give location) <u>2210 N 18th</u> <u>0</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>                         |  |  |  |

|  |                               |  |   |   |                             |   |
|--|-------------------------------|--|---|---|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Arthur</u> b. (Middle) <u>J</u> c. (Last) <u>Murphy</u> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Mar. 24, 1951</u> |   |                             |   |
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>Feb 2, 1891</u>                           | 9. AGE (In years last birthday) <u>60</u>                               | IF UNDER 1 YEAR Months Days | IF UNDER 12 HRS. Hours Min.             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                    |   | 11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo.</u> <u>0</u> |                             | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

|  |  |                             |
|--|--|-----------------------------|
| 13a. FATHER'S NAME <u>Mathias Murphy</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan McManus</u> | 14. NAME OF HUSBAND OR WIFE |
|--|--|-----------------------------|

|   |                               |  |
|---|-------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Kurtz</u> ADDRESS <u>7544 Hoover</u> |
|---|-------------------------------|--|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><br>ANTECEDENT CAUSES <u>Coronary thrombosis</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 checked="" type="checkbox"/> NO <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4201</u>          |

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 2:58 P m., from the causes and on the date stated above.

|  |                                |  |
|--|--------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)    | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>3/26/51</u>                                    |
| 24a. FUNERAL CREMATION REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>3/27/51</u>       | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>         |
|  |                                | 24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u> |

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>Mar 26 1951</u> | REGISTRAR'S SIGNATURE <u>J B Lasater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein &amp; Sons</u> ADDRESS <u>7027 Gravois</u> |
|---|--|---|

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

12/24/15

**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 *Francis J. Owen*.....

Licensed Embalmer No. *2245*.....

P. O. Address *St. Louis, 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.