No. 300
10.48

XC Unknown
Reg. 99172
FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3540

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6076 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2269
d. STREET ADDRESS (If rural, give location): 1607A NORTH 16TH STREET

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) PATRICK c. (Last) MURPHY
4. DATE OF DEATH (Month) (Day) (Year): 1/7/52
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/6/88
9. AGE (In years last birthday): 63 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (CHAUFFEUR)
10b. KIND OF BUSINESS OR INDUSTRY: AMERICAN-RY.-EXPRESS
11. BIRTHPLACE (State or foreign country): Quebec, Canada
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: James Murphy
13b. MOTHER'S MAIDEN NAME: Catherine (RYAN)
14. NAME OF HUSBAND OR WIFE: ROSE MURPHY (WIDOWED) DEC'D
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World I (SEPT. 19TH 1917-18)
16. SOCIAL SECURITY NO.: RAILROAD 714-10-8710
17. INFORMANT'S SIGNATURE OR NAME: Mrs Helen Notestine 1607 a N. 16th St. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE

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. SCURVY 4200 D

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ~~4-4-3-X~~
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): VA m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5 *19*52, *to* 1/7, *19*52, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXXXXXX, 19XXX~~, *and that death occurred at* 9:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: V. A. HOSP. JEFF. BRKS. MO.
23c. DATE SIGNED: 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL II
24b. DATE: JAN. 10-1952
24c. NAME OF CEMETERY OR CREMATORY: CALVARY - CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

DATE REC'D BY LOCAL REG.: 1-9-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BROCKLAND, 1827 Hogan, St. Louis, Mo.

SC (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~~ Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Geo W Wilkinson

Licensed Embalmer No. 3575

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.