

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11252**

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **403**

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 **Pine Lawn**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Pine Lawn** **4151**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Shamrock Nursing Home**

d. STREET ADDRESS (If rural, give location) **3709 Manola Ave.**

3. NAME OF DECEASED  
a. (First) **William** b. (Middle) **J.** c. (Last) **Murphy**

4. DATE OF DEATH (Month) (Day) (Year) **Feb. 10, 1952**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Unknown**

8. DATE OF BIRTH **June 9, 1882**

9. AGE (In years last birthday) **69**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Salesman**

10b. KIND OF BUSINESS OR INDUSTRY **Linen**

11. BIRTHPLACE (State or foreign country) **Newfoundland**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unknown**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **John R. Mills, Famous-Barr Co., St. L, Mo**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral thrombosis**  
  
\*ANTECEDENT CAUSES  
DUE TO (b) **Arteriosclerotic Cardiovascular disease**  
DUE TO (c) **unknown**  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death: **cardiac asthma, old Cerebral thrombosis, Gangrene left foot, Arteriosclerotic**

INTERVAL BETWEEN ONSET AND DEATH **4 days**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4-2-21**

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 31, 1950** to **Feb 10, 1952**, that I last saw the deceased alive on **Feb 4, 1952**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Lewis Littmann** (Degree or title) **MD**

23b. ADDRESS **8231 Clayton Rd (17)**

23c. DATE SIGNED **2/13/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **2-14-52**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park**

24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **2-13-52**

REGISTRAR'S SIGNATURE **Herbert R. Donke**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.**

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

working under my personal supervision.

Student Embalmer No.....

Signed Elton H. Remelius

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

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.