

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22427

FILED JUN 21 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4562**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b> <b>4151</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospt.</b>		d. STREET ADDRESS (If rural, give location) <b>6234 Dowler Ave</b> <b>/</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b> b. (Middle) <b>Murphy</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>May 15 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan. 15 1913</b>
9. AGE (In years last birthday) <b>39</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Co. Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>/</b>
13a. FATHER'S NAME <b>Joseph Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Nora Fitzpatrick</b>	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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ann Murphy 6234 Dowler Ave.</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Interstitial Nephritis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive C.V.R. Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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 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)			
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? <b>442X</b>			
22. I hereby certify that I attended the deceased from <b>March</b> , 19 <b>51</b> , to <b>May 15</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>May 15</b> , 19 <b>52</b> , and that death occurred at <b>12:12 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Alphonse McNeil, M.D.</b>		23b. ADDRESS <b>634 N. Grand</b>	
23c. DATE SIGNED <b>5/16-52</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 19 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 16 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos W Clark 1125 Hodiament Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. McMahon  
No. Theatre Bldg.  
Fr. 5754

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 Alfred J. Boedeke

Signed.....  
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hudson

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.