

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29842**

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7586**

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY 2269	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 Palm St.		d. STREET ADDRESS (If rural, give location) 26 1110 Palm Street.	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ellen	c. (Last) Murphy	4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1952 ?
-------------------------------------	------------------------	--------------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 6, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
----------------------	-------------------------------	---	--------------------------------------	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning Lady	10b. KIND OF BUSINESS OR INDUSTRY Louderman Bldg.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
--	--	---	------------------------------

13a. FATHER'S NAME John Frain	13b. MOTHER'S MAIDEN NAME Sarah Mc Carthy	14. NAME OF HUSBAND OR WIFE Late Wm. J. Murphy.
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph E. Murphy, 842 De Soto 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, 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) _____		
	ANTECEDENT CAUSES Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) Arterio sclerosis		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
---	--	--

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased _____ 19____, and that death occurred at **853 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Murphy (Degree or title)	23b. ADDRESS 1308 Clark	23c. DATE SIGNED 8/9/52
--	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 11, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. AUG 9 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLeidner Und. Co. 2223 St. Louis Ave.
--	--	--

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

John P. Buchholz

Licensed Embalmer No. _____

1674

P. O. Address _____

222 J. S. Harris St.

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.