

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4343**

FILED FEB 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0339

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 OR TOWN Baldwin	c. LENGTH OF STAY (In this place) 3 1/2 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Baldwin 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION PINE CREST NURSING HOME		d. STREET ADDRESS (If rural, give location) PINE CREST NURSING HOME	

3. NAME OF DECEASED (Type or Print) John			a. (First)	b. (Middle)	c. (Last) Murphy	4. DATE OF DEATH (Month) (Day) (Year) JAN 27 1953			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH Nov. 1 1971		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME J. Murphy		13b. MOTHER'S MAIDEN NAME Mary Murphy		14. NAME OF HUSBAND OR WIFE NONE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. Jno. W. Baker 9101 S. Broadway	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation		DUPLICATE OF (b) Chronic myocarditis				1 day	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)				2 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4222					

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	
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22. I hereby certify that I attended the deceased from 12-21, 1950, to 1-27, 1953, that I last saw the deceased alive on 1-23, 1953 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. S. Kishel (Degree or title)		23b. ADDRESS Rickwood rd. mo		23c. DATE SIGNED 1/28/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-29-53		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 1-28-53		REGISTRAR'S SIGNATURE Herbert R. Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 5641 PUEBVIEW BLVD.	
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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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Albert Mayfield

Signed.....

Student Embalmer

Licensed Embalmer No. *3077*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.