

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23385

State File No.

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1648

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY OR TOWN <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (In this place township) <u>4 WKS</u>	c. CITY OR TOWN <u>CLAYTON</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>			e. STREET ADDRESS (If rural, give location) <u>401 S. Maryland Rd.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucille</u> b. (Middle) <u>Louise</u> c. (Last) <u>MURPHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 12 53</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 17, 1918</u>		9. AGE (In years last birthday) <u>34</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph A. Bossmann</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Pasquier</u>	
14. NAME OF HUSBAND OR WIFE <u>WED MURPHY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leo Murphy</u>		17. ADDRESS <u>402 Maryland Clayton, Mo.</u>		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.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, acute</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5870</u>		INTERVAL BETWEEN ONSET AND DEATH <u>29 days</u>	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pancreatitis, acute necrotizing and hemorrhagic</u>		DUE TO (c)		3. INTERVAL BETWEEN ONSET AND DEATH <u>29 days</u>	
19a. DATE OF OPERATION <u>5-15-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis, cholecystitis, cholelithiasis, chronic pancreatitis.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	
22. I hereby certify that I attended the deceased from <u>5-15</u> , 19 <u>53</u> , to <u>6-12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>53</u> , and that death occurred at <u>6:35 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Harry K. Purcell</u>		(Degree or title) <u>14 P.</u>		23b. ADDRESS <u>4660 Mansfield St. Louis 8</u>	
23c. DATE SIGNED <u>6-13-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-15-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PALMERY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Muller & Sons</u>	
25. ADDRESS <u>5165 Belmont Pl.</u>		DATE REC'D BY LOCAL REG. <u>6-14-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Domb</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Henry K. Purcell
4660 Maryland Ave.
1-2 P.M.

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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *J. Allen Harris Jr.*

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.