

FILED AUG 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26725

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6741**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Richmond Hts. |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) 1119 Bellevue Ave. 7425 | |

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|-------------------------------------|------------------------|--------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Hugh | b. (Middle) Henry | c. (Last) Murphey | 4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 53 |
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|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 25, 1873 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Passenger Conductor (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. RR Co. | 11. BIRTHPLACE (City and State or Foreign Country) Alton, Ill. | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME Henry C. Murphey | 13b. MOTHER'S MAIDEN NAME Emma Johnson | 14. NAME OF HUSBAND OR WIFE Grace E. Murphey |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Grace E. Murphey | ADDRESS 1119 Bellevue Ave. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobular Pneumonia (right lobe) | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Diabetes Mellitus | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) 330490X |
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| 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 **7 - 4**, 19**53**, to **7 - 6**, 19**53**, that I last saw the deceased alive on **7 - 6**, 19**53**, and that death occurred at **10:05a** m., from the causes and on the date stated above.

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| 23a. SIGNATURE FR Pradley (Degree or title) M.D. | 23b. ADDRESS BARNES HOSPITAL | 23c. DATE SIGNED 7/6/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr) | 24b. DATE 7-9-1953 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Alton, Ill. |
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| DATE REC'D BY LOCAL REG. JUL 7 1953 | REGISTRAR'S SIGNATURE Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | ADDRESS 4228 S. Kingshighway Bl. |
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(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *Richard H. Stovesand*.....

Licensed Embalmer No. *4007*.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.