

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26726**  
Registrar's No. **6568**

FILED JUL 31 1953

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>		
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2247</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>24 2847 S. 13<sup>th</sup> ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>		b. (Middle)		c. (Last) <b>MURPHY</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 30, 1953</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>DEC 22 1890</b>		9. AGE (In years last birthday) Months Days Hours Mins. <b>62</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOOK BINDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GAST BANK NOTE CO</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>WILLIAM VLASAK</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA KUTIS</b>	
14. NAME OF HUSBAND OR WIFE <b>JOHN F. MURPHY (DEC'D)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>492-07-2601</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>DOLORES R. HAMPEL</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Thrombosis</b>		19. INTERVAL BETWEEN ONSET AND DEATH	
20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Gen. Arteriosclerosis</b>		21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
22. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION		24. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. ACCIDENT SUICIDE HOMICIDE (Specify)		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		27. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>332X</b>	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <b>6-21-53</b> , 19___, to <b>6-30-53</b> , 19___, that I last saw the deceased alive on <b>6-30-53</b> , 19___, and that death occurred at <b>1:55P m.</b> , from the causes and on the date stated above.					
32. SIGNATURE (Degree or title) <b>Edward P. Flynn MD</b>		33. ADDRESS <b>1515 Lafayette Avenue</b>		34. DATE SIGNED <b>6-30-53</b>	
35. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		36. DATE <b>JULY 3 1953</b>		37. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	
38. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>		39. DATE REC'D BY LOCAL REG. <b>JUL 2 1953</b>		40. REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>	
41. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>		42. ADDRESS <b>2906 Marine</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Samuel C. Hill*

Licensed Embalmer No. \_\_\_\_\_

*43471*

P. O. Address \_\_\_\_\_

*2906 Lane*

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.