THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

OCT 15 1953

State File No. 33776

BIRTH NO. 56614 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9096

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Children's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY 2059
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
d. STREET ADDRESS (If rural, give location) #8 Windermere Place

3. NAME OF DECEASED (Type or Print) a. (First) Victoire b. (Middle) Chouteau c. (Last) Murphy

4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 28, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 19 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Edwynne P. Murphy
13b. MOTHER'S MAIDEN NAME Jeanne Chouteau
14. NAME OF HUSBAND OR WIFE ✓

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 J E Brown 500 S. Kingshighway

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute leukemia — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? — 2044

22. *I hereby certify that I attended the deceased from* 9-15, 1953, *to* 9-19, 1953, *that I last saw the deceased alive on* 9-19, 1953, *and that death occurred at* 9:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Don L Thurston MD
23b. ADDRESS 500 S. Kingshighway
23c. DATE SIGNED 9/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/21/53
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) St Louis Mo.

DATE REC'D BY LOCAL REG. SEP 21 1953
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's 2849 N. Euclid Ave

(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 .....
Student Embalmer

Signed.....

Licensed Embalmer No. 38'83

P. O. Address.....

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.