

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21017**  
**4572**

BIRTH NO. _____		REG. DIST. NO. <b>418</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4572</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>St. Louis</b>					
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>0</b> township <b>0</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Johns Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>19 3949 Olive Street</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b>			b. (Middle) <b>Walter</b>		c. (Last) <b>Murphy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 21 1954</b>		
5. SEX <b>M / 0</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>9-7-1882</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>crane operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>crane operator</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Michael Murphy</b>			13b. MOTHER'S MAIDEN NAME <b>Mary O'Connor</b>			14. NAME OF HUSBAND OR WIFE <b>Myrtle</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Daniel W. Murphy 4913 Normandy L.A. Cal.</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lung tumor</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adrenal tumor</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>25 ft</b>					
22. I hereby certify that I attended the deceased from <b>Jan 4</b> , 19 <b>54</b> , to <b>May 21</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>May 20</b> , 19 <b>54</b> , and that death occurred at <b>5:29 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John G. Matthew M.D.</b>				23b. ADDRESS <b>03707 Watson</b>		23c. DATE SIGNED <b>5-21-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5-21-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>			
DATE REC'D BY LOCAL REG. <b>MAY 22 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell Blvd.</b>					

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

1981 AUG 8 894

3707 Wafam Road

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 *Francis Williamson*

Licensed Embalmer No. *35*

P. O. Address *St Louis*

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