No. 300
10.48

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 21019

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4497

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 3

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) Enroute City Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY 2 ~~6~~ 4

c. CITY OR TOWN St. Louis,

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0

e. STREET ADDRESS (If rural, give location) 26 1443 Clinton Ave.

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

4. DATE OF DEATH (Month) May (Day) 19, (Year) 1954.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 18 1917

9. AGE (In years last birthday) 37. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. David Nelson

13b. MOTHER'S MAIDEN NAME Nellie Jane Kelly

14. NAME OF HUSBAND OR WIFE Edgar R. Murphy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Edgar R. Murphy, ADDRESS 1443 Clinton Ave.

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) _____ INTERVAL BETWEEN ONSET AND DEATH

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

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

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) 434. (STATE) 3

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 430 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patrick F. Taylor Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 5. 19. 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5-19-54

24c. NAME OF CEMETERY OR CREMATORY Local

24d. LOCATION (City, town, or county) (State) Kennett, Missouri.

DATE REC'D BY LOCAL REG. MAY 19 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD MJB

25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St Louis

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