

XC 1775 76 96  
Reg. 2118

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29119

BIRTH NO. FILED AUG 16 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7248

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or town) <u>915 N. Grand St. Louis, Mo</u>  |  | c. LENGTH OF STAY (in this place) <u>32 Days</u>   |  | c. CITY OR TOWN <u>ST. LOUIS</u>  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>   |  | e. STREET ADDRESS (If rural, give location) <u>3701 Keokuk St.</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>  |  | b. (Middle) <u>THOMAS</u>  |  | c. (Last) <u>MURPHY</u>   |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>8/4/54</u>   |  | 5. SEX <u>MALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>  |  | 8. DATE OF BIRTH <u>10-30-98</u>   |  | 9. AGE (in years last birthday) <u>55 yrs.</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Awning Hanger</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Awning Industry</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jonesburg, Missouri</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  | 13a. FATHER'S NAME <u>Joseph Murphy</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Alice Sterns</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes World I</u> |  | 16. SOCIAL SECURITY NO. <u>498 07 2138</u>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>V.A. HOSP. RECORDS</u>   |  | ADDRESS <u>ST. LOUIS, MO.</u>  |  | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>   |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>   |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | ANTECEDENT CAUSES DUE TO (b) <u>CARCINOMA OF THE LUNG</u>  |  | 6-8 MONTHS  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | 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  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>NONE</u>  |  | 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) <u>V.A.</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                       |  | 21f. HOW DID INJURY OCCUR? <u>163x</u>  |  |
| 22. I hereby certify that I attended the deceased from <u>7/2</u> , 19 <u>54</u> , to <u>8/4</u> , 19 <u>54</u> , and that death occurred at <u>1:08 P.M.</u> , from the causes and on the date stated above. |  |  |  |   |  |
| 23a. SIGNATURE <u>Charles H. Sparks</u>   |  | 23b. ADDRESS <u>VAH 915 NORTH GRAND ST. LOUIS, MO.</u>   |  | 23c. DATE SIGNED <u>8/4/54</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  |  | 24b. DATE <u>Aug. 6, 1954</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>   |  |
| 24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. &amp; L. Co.</u>   |  | ADDRESS <u>7814 S. Broadway St. Louis 11 Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>AUG 5 1954</u>  |  | REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  |  |

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 *Harry J. Schumacher*

Licensed Embalmer No. *267*

P. O. Address *7814 S. Prindle*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.