

No. 300
10-48

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29121

State File No.

7480

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

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| 1. PLACE OF DEATH a. COUNTY ST. LOUISIS-MO | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, write FULL name of town) WEST FRANKFORT | | c. CITY OR TOWN WEST FRANKFORT | |
| c. LENGTH OF STAY (in this place) 4 DAYS | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUISIS CHILDREN'S | | e. STREET ADDRESS (If rural, give location) 111 W. 8th STREET | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) MUNRO c. (Last) MURTA | | | 4. DATE OF DEATH 8-12-54 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH 7-26-54 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 17 Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | |
| 13a. FATHER'S NAME PAUL M. MURTA | | | 13b. MOTHER'S MAIDEN NAME RUTH HILLEBRAND | | 14. NAME OF HUSBAND OR WIFE _____ |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. NIL. | | 17. INFORMANT'S SIGNATURE OR NAME J. Egan ADDRESS 500 So. Kingshighway | |
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| 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) Adrenal insufficiency ANTECEDENT CAUSES Congenital hypoparathyroidism of Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) adrenals with pseudo Cushing's disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Septicemia with colon bacillus | | INTERVAL BETWEEN ONSET AND DEATH | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 7570 |

22. I hereby certify that I attended the deceased from **8-10**, 19**54**, to **8-12**, 19**54**, that I last saw the deceased alive on **8-12**, 19**54** and that death occurred at **1:05A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Wm. Klingberg MD. (Degree or title) | 23b. ADDRESS 500 So. Kingshighway | 23c. DATE SIGNED 8-12-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8-12-54 | 24c. NAME OF CEMETERY OR CREMATORY Local | 24d. LOCATION (City, town, or county) (State) Hermann, Missouri |
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| DATE REC'D BY LOCAL REG. AUG 12 1954 | REGISTRAR'S SIGNATURE J. Carl Smith MD. | 25. FUNERAL DIRECTOR'S SIGNATURE Hugo Blumer ADDRESS Hermann, Missouri. |
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(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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer R. Godwell*

Licensed Embalmer No. *407*

P. O. Address *H. Loring*

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.