

FILED JAN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. **44215**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **2891**

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. LENGTH OF STAY (in this place) unk.	c. CITY OR TOWN Jennings No
d. FULL NAME OF HOSPITAL OR INSTITUTION 8340 Jennings Rd		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Joseph		a. (First) Joseph	b. (Middle) Murphy

4. DATE OF DEATH (Month) (Day) (Year) Dec 15 1954	5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Dec. 8, 1906	9. AGE (in years last birthday) Months Days Hours Min. 48
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Murphy	13b. MOTHER'S MAIDEN NAME Annie Halpin	14. NAME OF HUSBAND OR WIFE divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 331 09 5013	17. INFORMANT'S SIGNATURE OR NAME Helen Murphy 2201 McLaran Ave.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted gunshot wound of head. Body was found in a building of the St. Louis County Lumber Co., with a 38 cal. revolver with 5 loaded cartridges and 1 discharged cartridge		
	II. OTHER SIGNIFICANT CONDITIONS in the weapon, lying on his lap. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lumber Co. Bldg.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jennings St. Louis Mo.
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21d. TIME OF INJURY 12/15/54 1:50Pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE Arnold J. Willmann, Coroner	(Degree or title)	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 12/16/54
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL	24b. DATE 12/17/54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG 12/16/54	REGISTRAR'S SIGNATURE Herbert S. Amberg	25. FUNERAL DIRECTOR'S SIGNATURE Buchholz	ADDRESS Mortuary 5967 W. Florissant
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Walter J. Berch*.....
Licensed Embalmer No. *145*.....

P. O. Address *A. L.*.....

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.