

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27997

State File No.

FILED SEP 6 1955

7003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 15 3867 MERAMEC	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3867 MERAMEC			

3. NAME OF DECEASED (Type or Print) a. (First) HATTIE b. (Middle) - c. (Last) MURPHY			4. DATE OF DEATH (Month) (Day) (Year) AUG. 8 1955		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid		8. DATE OF BIRTH MAR. 8 1888		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME DANIEL MOORE			13b. MOTHER'S MAIDEN NAME LUELLA RUCKER			14. NAME OF HUSBAND OR WIFE					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOUISE WESLEY 3867 MERAMEC							
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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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis myocardialis ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis										INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42.21								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **7-1-55**, 19**55**, to **8-8-55**, 19**55**, that I last saw the deceased alive on **8-8-55**, 19**55**, and that death occurred at **3:03 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. T. Merten m.d. (Degree or title)			23b. ADDRESS 3507 Polomey			23c. DATE SIGNED 8-9-55		
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 11 1955		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PAST.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
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DATE REC'D BY LOCAL REG. AUG 10 1955		REGISTRAR'S SIGNATURE J. Earl Smith, m.d.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutas 2906 Gracow				
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 8-2388

3507 Post

Dec 1-1865

12. 6 2 PM

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 *Lawrence C. Dill* Student Embalmer No.

Licensed Embalmer No. *434*

P. O. Address *2906 S*

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.