

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6973

State File No.

No. 300
10.48

FILED MAR 7 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1523**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Kirkwood, 22,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 455 S. Holmes Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) HERBERT c. (Last) MURCH			4. DATE OF DEATH (Month) (Day) (Year) Feb'y 10, 1956.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH June 24, 1869.	9. AGE (In years last birthday) 86.	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baptist Minister...		10b. KIND OF BUSINESS OR INDUSTRY Reverend.	11. BIRTHPLACE (City and State or Foreign Country) Devon County, England.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Henry Murch.	13b. MOTHER'S MAIDEN NAME Jane Jarvis.	14. NAME OF HUSBAND OR WIFE Alice M. Murch.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME W.H.Murch ADDRESS 555 North Clay Avenue

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES (b) Arteriosclerotic heart disease Atypical pneumonia carcinoma of colon resected 12-29-55		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION carcinoma of colon -	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 492x4
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 2-2-41, 19__ to 2-10-56, 19__, that I last saw the deceased alive on 2-10-56, 19__, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Elmer A. Widney MD</i>	(Degree or title) MD	23b. ADDRESS 204 E. Big Bend	23c. DATE SIGNED 2-13-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 2/13/56.	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery.	24d. LOCATION (City, town, or county) (State) #7600 St. Charles Rock Road.
DATE REC'D BY LOCAL REG. FEB 14 1956	REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons ADDRESS 7233 Delmar Blv'd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MONDAY 8:00 TO 9:00 P.M.

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 *Arnold W. Schoen*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.