

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32681

State File No. 2247

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>2247</u>	
1. PLACE OF DEATH <u>St. Louis</u> a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>		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 <u>223 EUCLID AVE</u>				• STREET ADDRESS (If rural, give location) <u>223 EUCLID AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANIE</u> b. (Middle) <u>TYLER</u> c. (Last) <u>MURPHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 18, 1956</u>				
5. SEX <u>FEMALE</u> COLOR OR RACE <u>COLORED</u>		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (Specify)) <u>WIDOWED</u>		6. DATE OF BIRTH <u>DEC 10 1869</u>		8. AGE (In years, Last birthday) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRAY SUMMIT MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW TYLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET NORTH</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gink</u>		ADDRESS <u>223 Euclid av</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive cardio-vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>over 6 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>337x</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>April 29, 1956</u> , to <u>Sept. 18, 1956</u> , that I last saw the deceased alive on <u>Sept 18, 1956</u> and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James B. Jones</u>				23b. ADDRESS <u>337 W. Locust</u>		23c. DATE SIGNED <u>9-21-56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>9-23-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gray Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Gray Summit Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-22-56</u>		REGISTRAR'S SIGNATURE <u>Hebert K. Lamb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Spradell</u>		ADDRESS <u>177 East Parkman</u>	

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.....
Theodore J. Yandell

Licensed Embalmer No. *4243*

P. O. Address *328 Eldridge
Webster Groves 1927*

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.