

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11422

State File No. ....

FILED MAR 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 586

1. PLACE OF DEATH a. COUNTY <u>SAINT LOUIS:</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI:</u> b. COUNTY <u>ST. LOUIS:</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON:</u>		c. CITY OR TOWN <u>CLAYTON: 4442</u>	
c. LENGTH OF STAY (in this place) <u>years</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>800 SOUTH MERAMEC AVE:</u>		e. STREET ADDRESS (If rural, give location) <u>800 SOUTH MERAMEC AVE:</u>	

3. NAME OF DECEASED (Type or Print) <u>AMANDA - JOSEPHINE - MURPHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 2 1957.</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JANUARY 25 1870</u>		9. AGE (In years last birthday) <u>87</u> Months <u>1</u> Days <u>6</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rocky Comfort, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Love</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Rosebury</u>		14. NAME OF HUSBAND OR WIFE <u>William G. Murphy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS WALTER E. Illig 800 SO. MERAMEC AVE:</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input 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) (Min.)		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 Nov 11, 1954, to present 1957, that I last saw the deceased alive on Feb 9, 1957, and that death occurred at 3:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Michael M. Kail M.D.</u>		23b. ADDRESS <u>4652 Maryland</u>		23c. DATE SIGNED <u>3/2/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3 / 5 / 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE MAUSOLEUM</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>3/4/57</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donk</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. LIUPTON &amp; SONS 7233 DELMAR BLVD.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

S. No. 300  
V. 10:48

**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 *Clarence H. Murray* .....

Licensed Embalmer No. *4011*

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.