

Health,
& Welfare
Public
Service

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42391
STATE FILE NUMBER
11218

Registration District No. 318 Primary Registration District No. 1003

S. 300
V. 1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 1248 a Union		Length of stay in lb		d. STREET ADDRESS 1248 a Union	
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Murphy			4. DATE OF DEATH Month Day Year Nov. 22, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20, 1875	9. AGE (In years to birthday) 82	10. FUNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during part of active life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and state or country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Campbell		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Miss. Ann Murphy 1248 a Union Bl.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart disease DUE TO (c) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 48 hrs 11/1/57
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420-0			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 4/3/1950 to 11/21/57 and last saw her alive on 9/30/11/21/57 Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Please print or title) Charles F. Stuart MD			22b. ADDRESS 5298 a Page		22c. DATE SIGNED 11/22/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-25-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR ADDRESS Chas. F. Stuart 1225 Union Blvd.			25. DATE RECD. BY LOCAL REG. NOV 22 1957	26. REGISTRAR'S SIGNATURE Carl Smith MD m 83	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Robert M. Murray*

Licensed Embalmer No. *3749*
P. O. Address *St. Louis, Mo.*

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.