

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42884**  
Registrar's No. **2837**

FILED NOV 22 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **917** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>	c. LENGTH OF STAY (in this place) <b>20-yrs.</b>	c. CITY OR TOWN <b>Clayton</b>	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 <b>6300 Northwood Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>6300 Northwood Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Abbie</b> b. (Middle) <b>C.</b> c. (Last) <b>Murphy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12, 1957</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 9, 1879</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>David Murphy</b>	13b. MOTHER'S MAIDEN NAME <b>Bridget Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mary C. Murphy</b>	ADDRESS <b>6300 Northwood Ave.</b>
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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.	MEDICAL CERTIFICATION <b>Clayton</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Carcinomatosis - generalized</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma</b> DUE TO (c) <b>Right breast</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>170X</b>			

19a. DATE OF OPERATION <b>Oct. 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma, breast, right</b>	20. AUTOPSY? <b>2</b> 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) (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 **Oct 1955** to **Nov. 12, 1957**, that I last saw the deceased alive on **Nov 10, 1957**, and that death occurred at **2:50 p.m.**, from the causes and on the date stated above.

23. SIGNATURE <b>Pierce W. Powers</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>634 No. Grand</b>	23c. DATE SIGNED <b>11/13/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov. 15, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-14-57</b>	REGISTRAR'S SIGNATURE <b>Robert E. Dando</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>	ADDRESS <b>3840 Lindell Blvd.</b>
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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.....  
Licensed Embalmer No. 4699

P. O. Address 3840 Linden

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.