

FILED JAN 13 1958

46151
STATE FILE NUMBER
12356

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12356

S. 300
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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 32 St. Luke Hospital		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) 3455a S. Grand Bl		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELEANOR Middle MARIE Last MURPHY			4. DATE OF DEATH Month Dec. Day 21 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1910		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY Girl Scouts	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William E. Eickhoff		13b. MOTHER'S MAIDEN NAME Erna Isermann		14. NAME OF HUSBAND OR WIFE Russell S. Murphy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-34-9093		17. INFORMANT Address Donald Murphy, 5608 Chippewa St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic insufficiency Hepatic insufficiency Idiopathic Steatorrhea Idiopathic Steatorrhea DUE TO (b) 286.0 DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 5 days 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombophlebitis, acute thrombophlebitis, acute					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 1953 to 12/21/1957 and last saw her alive on 12/20/57 Death occurred at 6:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hugh R. Waters (Degree or title) M.D.				22b. ADDRESS 600 Union Blvd.	
				22c. DATE SIGNED 12/23/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec. 24, 1957		23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery	
				23d. LOCATION (City, town, or county) St. Louis, Missouri	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave			25. DATE RECD. BY LOCAL REG. DEC 24 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith m.d m. J. B.

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.

Dr. H. R. Waters
600 Union Blvd.

FO-1-1236

163 The ...
No 1-1680

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. 4520
P. O. Address _____

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.