Health, Welfare Public Service

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1156

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46681
STATE FILE NUMBER

FILED JAN 7 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3050

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Inside Limits Yes X No ☐	c. CITY OR TOWN Kirkwood 4703 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 332 Leffingwell — Length of stay in 1b years	d. STREET ADDRESS (If outside, give location) 332 Leffingwell — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ROBERT Middle PATRICK Last MURPHY

4. DATE OF DEATH: Month Dec. Day 2, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: Apr. 2, 1875

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal Wkr.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Kirkwood, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Murphy

14. MOTHER'S MAIDEN NAME: Hannah Radley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Patrick Murphy, 412 Vennemann Address Glendale-Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c) 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9-5-57 to 12-2-57 and last saw her/him alive on 9-5-57

Death occurred at 6:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert A. Dorsey (Degree or title) M.D.

22b. ADDRESS 126 E. Jefferson Ave., Kirkwood, Missouri

22c. DATE SIGNED 12-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE 12-4-1957

23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.

23d. LOCATION (City, town, or county) (State) Kirkwood Mo.

24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort. Kirkwood 22, Mo.

25. DATE REC'D BY LOCAL REG. 12-3-57

26. REGISTRAR'S SIGNATURE Herbert R Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ben E. Hoffma

Licensed Embalmer No. 43

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.