

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034531

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8885

5. 300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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,			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns Hosp.			Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2159 3222 Dakota Str.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH MURPHY				4. DATE OF DEATH Month Day Year Sept. 13, 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 10, 1879		9. AGE (In years last birthday) 79	F 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Herman Nigel			13b. MOTHER'S MAIDEN NAME Margaret Kaiser		14. NAME OF HUSBAND OR WIFE Late John X. Murphy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service)			16. SOCIAL SECURITY NO. No	17. INFORMANT Address Walter Murphy-3222 Dakota 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) Cerebral Embolism following operation for Fracture left hip E903.020 DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 5 minutes 4 days.	
19a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Tripped over rug at her home & fell					
20c. TIME OF INJURY Hour Month, Day, Year 11 a.m. 9/9/58			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home - 3222 Dakota St. Louis City Mo					
21. I attended the deceased from Death occurred at 9/9/58 10:00 A. to 9/13/58 and last saw her alive on 9/12/58			m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John J. Henselly MD				22b. ADDRESS 16 Hampton Village Rega		22c. DATE SIGNED 9/15/58		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9-16-58	23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway			25. DATE RECD. BY LOCAL REG. SEP 15 58		26. REGISTRAR'S SIGNATURE Carl Smith MD			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William B. White*

Licensed Embalmer No. *4281*

P. O. Address *5220 Lehigh*

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.