Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004010

STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 368

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bellefontaine Ngbrs. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 9314 Ardmore Dr. — Length of stay in 1b: 8 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Bellefontaine Ngbrs. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9314 Ardmore Dr. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: MABEL Middle: Last: Murphy

4. DATE OF DEATH: Month: Feb. Day: 5 Year: 1959

5. SEX: female **6. COLOR OR RACE**: white **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Apr. 29, 1875 **9. AGE** (In years last birthday): 83 — 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): housework **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: John Stewart **13b. MOTHER'S MAIDEN NAME**: Mary Fitzgerald **14. NAME OF HUSBAND OR WIFE**: Joseph Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none **17. INFORMANT**: Mary Pruitt 9314 Ardmore Dr. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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): 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

All diseases in Part I must be causally related.

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 Jan 1957, to Feb 5 1959 and last saw her/him alive on Feb 5, 1959
Death occurred at 8:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. M. Lawrence M.D. **22b. ADDRESS**: 3600 N. Kingshighway **22c. DATE SIGNED**

23a. BURIAL, CREMATION, REMOVAL (Specify): removal **23b. DATE**: 2/9/59 **23c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery **23d. LOCATION** (City, town, or county): St. Louis (State): Mo.

24. FUNERAL DIRECTOR: Buchholz Mortuary **ADDRESS**: 5967 W. Florissant **25. DATE RECD. BY LOCAL REG.**: 2-6-59 **26. REGISTRAR'S SIGNATURE**: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford W. Buckley

Licensed Embalmer No. 4551

P. O. Address St. Louis

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.