

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015473

STATE FILE NUMBER

2 2831

FILED MAY 1 1959

Registration District No.

Primary Registration District No.

Registrar No.

1. PLACE OF DEATH a. COUNTY <b>2138 St. Louis Avenue*</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2138 St. Louis Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>2138 St. Louis Ave.</b>	

3. NAME OF DECEASED (Type or print) First <b>Murray</b> Middle <b>Carl</b> Last <b>Murphy</b>			4. DATE OF DEATH Month <b>3</b> Day <b>20</b> Year <b>59</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 7 1904</b>		9. AGE (In years last birthday) <b>34</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Camille Shoe</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>	
13a. FATHER'S NAME <b>William Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Britton</b>		14. NAME OF HUSBAND OR WIFE <b>Celestine Murphy</b>	

15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>493-05-5209</b>	17. INFORMANT Address <b>Mrs. C. Murphy 2138 St. Louis Ave.</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> <b>Coronary Sclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.1</b>		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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **4309** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert M. Kinealy</i> (Degree or title) <b>3</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>3/20/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/23/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24. FUNERAL DIRECTOR <b>Robert D. Kinealy 2228 St. Louis Ave.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>

25. DATE RECD. BY LOCAL REG. <b>MAR 20 59</b>	26. REGULAR'S SIGNATURE <i>Roan Smith M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

wealth, Welfare public service  
000  
-57  
3  
6  
All diseases in Part I must be causally related.

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 *V. E. Morris* .....

Licensed Embalmer No. *3360* .....  
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.